



**LARACUENTE HEALTHCARE
1250 E HALLANDALE BCH, STE 1004
HALLANDALE BEACH, FL 33009
TEL. 954-451-1743 FAX 954-838-5336**

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:																																																																																										
CC: (patient's words)																																																																																												
HPI: <i>(timeframe, triggers, recent treatment changes)</i>																																																																																												
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 48%;"> <p>Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Depression</th> <th style="width: 50%;">Mania</th> </tr> <tr> <td><input type="checkbox"/> No Symptoms</td> <td><input type="checkbox"/> No Symptoms</td> </tr> <tr> <td><input type="checkbox"/> ≥ 2 weeks</td> <td><input type="checkbox"/> ≥ 1 weeks</td> </tr> <tr> <td><input type="checkbox"/> Depressed Mood</td> <td><input type="checkbox"/> Elevated, Expansive, Irritable Mood</td> </tr> <tr> <td><input type="checkbox"/> Sleep ↑ or ↓</td> <td><input type="checkbox"/> Distractible-attn to irrelevant stimuli</td> </tr> <tr> <td><input type="checkbox"/> Interest/Pleasure ↓ (anhedonia)</td> <td><input type="checkbox"/> Insomnia</td> </tr> <tr> <td><input type="checkbox"/> Guilt/Feelings of Worthlessness</td> <td><input type="checkbox"/> Impulsive Behavior</td> </tr> <tr> <td><input type="checkbox"/> Energy ↓ Fatigue</td> <td><input type="checkbox"/> Grandiosity</td> </tr> <tr> <td><input type="checkbox"/> Concentration Deficit</td> <td><input type="checkbox"/> Flight of Ideas, Racing Thoughts</td> </tr> <tr> <td><input type="checkbox"/> Appetite/Weight ↑ or ↓</td> <td><input type="checkbox"/> Activity ↑ goal directed</td> </tr> <tr> <td><input type="checkbox"/> Psychomotor ↑ or ↓</td> <td><input type="checkbox"/> Agitation</td> </tr> <tr> <td><input type="checkbox"/> Suicidal Ideations</td> <td><input type="checkbox"/> Speech (pressured)</td> </tr> <tr> <td><input type="checkbox"/> Homicidal Ideations</td> <td><input type="checkbox"/> Thoughtlessness</td> </tr> </table> <p>Comments: _____</p> </div> <div style="width: 48%;"> <p>Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input 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LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

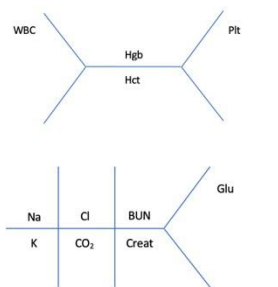
Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:


 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Frequency
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Urgency
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Burning
<input type="checkbox"/> Chills	<input type="checkbox"/> Pleuritic Pain	<input type="checkbox"/> Abd. Pain	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST _____ <input type="checkbox"/> OT _____ <input type="checkbox"/> PT _____ <input type="checkbox"/> ABA _____ <input type="checkbox"/> Feeding _____ <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: _____ <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
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- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
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Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA: _____
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP	<input type="checkbox"/> CBC w/ plat	<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> TSH w/ thyroid Panel	<input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> UA	<input type="checkbox"/> HgbA1c	<input type="checkbox"/> TB Gold	<input type="checkbox"/> HIV 1 and 2
<input type="checkbox"/> PTH	<input type="checkbox"/> Ionized Ca	<input type="checkbox"/> PTT Intact	<input type="checkbox"/> PT/INR	<input type="checkbox"/> Pregnancy Test
<input type="checkbox"/> TG Abx	<input type="checkbox"/> TPO Abx	<input type="checkbox"/> DNA for Fragile X	<input type="checkbox"/> Chromosomal MicroArray	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Brain MRI (plain)	<input type="checkbox"/> EEG (routine)	<input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad	<input type="checkbox"/> Sedation for Brain MRI	<input type="checkbox"/> X-Ray	_____
<input type="checkbox"/> Other Studies:	<input type="checkbox"/> Other Studies:	<input type="checkbox"/> Other Studies:	_____

Services Ordered:

<input type="checkbox"/> ST	<input type="checkbox"/> OT	<input type="checkbox"/> PT	<input type="checkbox"/> ABA	<input type="checkbox"/> Therapy	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____	Date Signed: _____
Provider NPI: _____	License Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11	<input type="checkbox"/> Telemedicine 10	<input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202	<input type="checkbox"/> 99203	<input type="checkbox"/> 99204
<input type="checkbox"/> 99205	<input type="checkbox"/> 99212	<input type="checkbox"/> 99213
<input type="checkbox"/> 99214	<input type="checkbox"/> 99215	<input type="checkbox"/> 90791
<input type="checkbox"/> 90792	<input type="checkbox"/> 90834 (38-52 min)	<input type="checkbox"/> 90837 (53+ min)
<input type="checkbox"/> 90832 (30-37 min)	<input type="checkbox"/> + E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity	
<input type="checkbox"/> Psychopharmacology with psychotherapy	<input type="checkbox"/> 90833 (30 min w/ EM)	
<input type="checkbox"/> 80836 (45 min w/ EM)	<input type="checkbox"/> 90838 (60 min w/ EM)	

LHA HEALTHCARE PROGRESS NOTE

The form is a lined page for a progress note. It features a vertical red line on the left side, approximately one-fifth of the way across the page. To the left of this line, there are three circular binder holes, one near the top, one in the middle, and one near the bottom. The page is ruled with horizontal blue lines. The background of the page is white, with alternating light blue and light yellow horizontal bands.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:																																																																																										
CC: (patient's words)																																																																																												
HPI: <i>(timeframe, triggers, recent treatment changes)</i>																																																																																												
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<input type="checkbox"/> Re-Experience	<input type="checkbox"/> Month or more																																																																																											
<input type="checkbox"/> Intrusive Thoughts/Image	<input type="checkbox"/> ≥ 1 months																																																																																											
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Arousal Increased																																																																																											
<input type="checkbox"/> Flashbacks	<input type="checkbox"/> Hypervigilance																																																																																											
<input type="checkbox"/> Triggers	<input type="checkbox"/> Insomnia																																																																																											
<input type="checkbox"/> Avoidance	<input type="checkbox"/> Irritability																																																																																											
<input type="checkbox"/> Thoughts or Conversations	<input type="checkbox"/> Anger Outbursts																																																																																											
<input type="checkbox"/> Activities/Places	<input type="checkbox"/> ↓ Concentration																																																																																											
<input type="checkbox"/> Memories	<input type="checkbox"/> ↑ Vigilance																																																																																											
	<input type="checkbox"/> Startle																																																																																											

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Frequency
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Urgency
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Burning
<input type="checkbox"/> Chills	<input type="checkbox"/> Pleuritic Pain	<input type="checkbox"/> Abd. Pain	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative

Outpatient Treatment

Psychiatry	Psychology
<input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
<input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
<input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST _____ <input type="checkbox"/> OT _____ <input type="checkbox"/> PT _____ <input type="checkbox"/> ABA _____ <input type="checkbox"/> Feeding _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: _____ <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/HI <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA: _____
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start	<input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP	<input type="checkbox"/> CBC w/ plat	<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> TSH w/ thyroid Panel	<input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> UA	<input type="checkbox"/> HgbA1c	<input type="checkbox"/> TB Gold	<input type="checkbox"/> HIV 1 and 2
<input type="checkbox"/> PTH	<input type="checkbox"/> Ionized Ca	<input type="checkbox"/> PTT Intact	<input type="checkbox"/> PT/INR	<input type="checkbox"/> Pregnancy Test
<input type="checkbox"/> TG Abx	<input type="checkbox"/> TPO Abx	<input type="checkbox"/> DNA for Fragile X	<input type="checkbox"/> Chromosomal MicroArray	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Brain MRI (plain)	<input type="checkbox"/> EEG (routine)	<input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad	<input type="checkbox"/> Sedation for Brain MRI	<input type="checkbox"/> X-Ray	_____
<input type="checkbox"/> Other Studies:	<input type="checkbox"/> Other Studies:	<input type="checkbox"/> Other Studies:	_____

Services Ordered:

<input type="checkbox"/> ST	<input type="checkbox"/> OT	<input type="checkbox"/> PT	<input type="checkbox"/> ABA	<input type="checkbox"/> Therapy	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____	Date Signed: _____
Provider NPI: _____	License Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11	<input type="checkbox"/> Telemedicine 10	<input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202	<input type="checkbox"/> 99203	<input type="checkbox"/> 99204
<input type="checkbox"/> 99205	<input type="checkbox"/> 99212	<input type="checkbox"/> 99213
<input type="checkbox"/> 99214	<input type="checkbox"/> 99215	<input type="checkbox"/> 90791
<input type="checkbox"/> 90792	<input type="checkbox"/> 90834 (38-52 min)	<input type="checkbox"/> 90837 (53+ min)
<input type="checkbox"/> 90832 (30-37 min)	<input type="checkbox"/> + E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity	
<input type="checkbox"/> Psychopharmacology with psychotherapy	<input type="checkbox"/> 90833 (30 min w/ EM)	
<input type="checkbox"/> 80836 (45 min w/ EM)	<input type="checkbox"/> 90838 (60 min w/ EM)	

LHA HEALTHCARE PROGRESS NOTE

The form is a lined page for a progress note. It features a vertical red line on the left side, approximately one-fifth of the way across the page. To the left of this line, there are three circular binder holes, one near the top, one in the middle, and one near the bottom. The page is ruled with horizontal blue lines. The background of the page has alternating light blue and light yellow horizontal stripes.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____ Plt _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____ Glu _____
 K _____ CO₂ _____ Creat _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/HI <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ ☐ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____	Date Signed: _____
Provider NPI: _____	License Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____ Plt _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____ Glu _____
 K _____ CO₂ _____ Creat _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ ☐ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. There are three binder holes punched along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

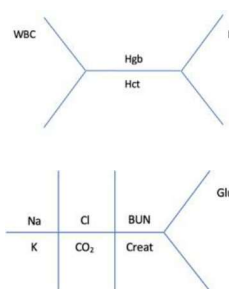
Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:


 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Frequency
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Urgency
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Burning
<input type="checkbox"/> Chills	<input type="checkbox"/> Pleuritic Pain	<input type="checkbox"/> Abd. Pain	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Pain with Intercourse	<input type="checkbox"/> MSK Pain / Stiffness
<input type="checkbox"/> Hearing Δ	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Discharge	<input type="checkbox"/> Joint Pain / Stiffness
<input type="checkbox"/> Vision Δ	<input type="checkbox"/> Diaphoresis	<input type="checkbox"/> Itching	<input type="checkbox"/> Back Pain / Stiffness
<input type="checkbox"/> Vertigo	<input type="checkbox"/> Orthopnea	<input type="checkbox"/> Rash	<input type="checkbox"/> Stiffness
<input type="checkbox"/> Congestion	<input type="checkbox"/> Edema	<input type="checkbox"/> Irregular Menstruation	<input type="checkbox"/> Swelling of Joints
<input type="checkbox"/> Rhinorrhea	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Hernia Abn.	<input type="checkbox"/> Other: <input type="checkbox"/> Negative
<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Negative	<input type="checkbox"/> Testes Abn.	
<input type="checkbox"/> Negative		<input type="checkbox"/> Negative	

Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes	<input type="checkbox"/> Hot/Cold Intolerance	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Depression
<input type="checkbox"/> Moles	<input type="checkbox"/> Sweating	<input type="checkbox"/> LOC	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Itching	<input type="checkbox"/> Polyuria	<input type="checkbox"/> Seizures	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Irritation	<input type="checkbox"/> Polydipsia	<input type="checkbox"/> Numbness	<input type="checkbox"/> VH/AH
<input type="checkbox"/> Discoloration	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Tingling	<input type="checkbox"/> Delusions
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Tremor	<input type="checkbox"/> SI/II
		<input type="checkbox"/> Negative	<input type="checkbox"/> ADHD Sxs
			<input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions Comments

<input type="checkbox"/> ADHD	
<input type="checkbox"/> LD	
<input type="checkbox"/> Developmental Delay	
<input type="checkbox"/> Migraines	
<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Tic Disorder	
<input type="checkbox"/> Seizure Disorders	
<input type="checkbox"/> Febrile Convulsions	
<input type="checkbox"/> Cerebral Malformations	
<input type="checkbox"/> Autism Spectrum Disorder	
<input type="checkbox"/> Neurocutaneous Disorders	
<input type="checkbox"/> Movement Disorders	
<input type="checkbox"/> Deafness	
<input type="checkbox"/> Macrocephaly	
<input type="checkbox"/> Prolonged QT Syndrome	
<input type="checkbox"/> Sudden Early Death	
<input type="checkbox"/> Schizophrenia	
<input type="checkbox"/> Bipolar Disorder	
<input type="checkbox"/> FHx Anxiety	
<input type="checkbox"/> FHx Depression	
<input type="checkbox"/> FHx Substance Use	
<input type="checkbox"/> FHx SI, HI	
<input type="checkbox"/> FHx Self-Harm	

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

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_____ Date Signed: _____

Provider NPI: _____ nse Number: _____

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<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
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LHA HEALTHCARE PROGRESS NOTE

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LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

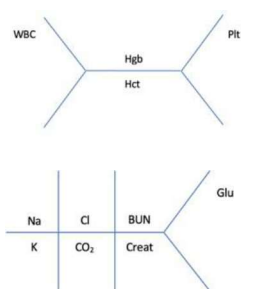
Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:


 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ ☐ inches ☐ cm ☐ m
 Weight _____ ☐ pounds ☐ kg ☐ grams
 BMI _____ ☐ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ ☐ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ ☐ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/HI <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ ☐ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____	Date Signed: _____
Provider NPI: _____	License Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. The page features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____ HgbA1c _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 Other: _____ LDL _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____ Glu _____
 K _____ CO₂ _____ Creat _____

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Frequency
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Urgency
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Burning
<input type="checkbox"/> Chills	<input type="checkbox"/> Pleuritic Pain	<input type="checkbox"/> Abd. Pain	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ ☐ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____	Date Signed: _____
Provider NPI: _____	License Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. There are three binder holes punched along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

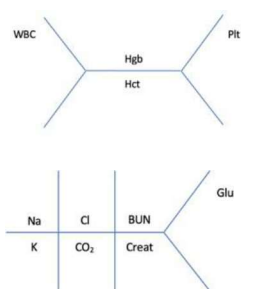
Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:


 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____ Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____ Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____ Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____ Ψ Meds	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____ <input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval
---	---

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ ☐ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____
 K _____ CO₂ _____ Creat _____
 Glu _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions Comments

<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____	Date Signed: _____
Provider NPI: _____	License Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. The page features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____
 K _____ CO₂ _____ Creat _____
 Glu _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ ☐ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions Comments

<input type="checkbox"/> ADHD	
<input type="checkbox"/> LD	
<input type="checkbox"/> Developmental Delay	
<input type="checkbox"/> Migraines	
<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Tic Disorder	
<input type="checkbox"/> Seizure Disorders	
<input type="checkbox"/> Febrile Convulsions	
<input type="checkbox"/> Cerebral Malformations	
<input type="checkbox"/> Autism Spectrum Disorder	
<input type="checkbox"/> Neurocutaneous Disorders	
<input type="checkbox"/> Movement Disorders	
<input type="checkbox"/> Deafness	
<input type="checkbox"/> Macrocephaly	
<input type="checkbox"/> Prolonged QT Syndrome	
<input type="checkbox"/> Sudden Early Death	
<input type="checkbox"/> Schizophrenia	
<input type="checkbox"/> Bipolar Disorder	
<input type="checkbox"/> FHx Anxiety	
<input type="checkbox"/> FHx Depression	
<input type="checkbox"/> FHx Substance Use	
<input type="checkbox"/> FHx SI, HI	
<input type="checkbox"/> FHx Self-Harm	

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____

Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

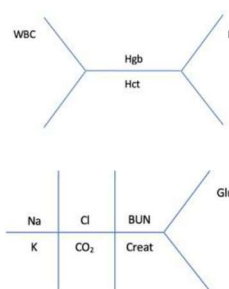
Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:


 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Frequency
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Urgency
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Burning
<input type="checkbox"/> Chills	<input type="checkbox"/> Pleuritic Pain	<input type="checkbox"/> Abd. Pain	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Pain with Intercourse	<input type="checkbox"/> MSK Pain / Stiffness
<input type="checkbox"/> Hearing Δ	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Discharge	<input type="checkbox"/> Joint Pain / Stiffness
<input type="checkbox"/> Vision Δ	<input type="checkbox"/> Diaphoresis	<input type="checkbox"/> Itching	<input type="checkbox"/> Back Pain / Stiffness
<input type="checkbox"/> Vertigo	<input type="checkbox"/> Orthopnea	<input type="checkbox"/> Rash	<input type="checkbox"/> Stiffness
<input type="checkbox"/> Congestion	<input type="checkbox"/> Edema	<input type="checkbox"/> Irregular Menstruation	<input type="checkbox"/> Swelling of Joints
<input type="checkbox"/> Rhinorrhea	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Hernia Abn.	<input type="checkbox"/> Other: <input type="checkbox"/> Negative
<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Negative	<input type="checkbox"/> Testes Abn.	
<input type="checkbox"/> Negative		<input type="checkbox"/> Negative	

Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes	<input type="checkbox"/> Hot/Cold Intolerance	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Depression
<input type="checkbox"/> Moles	<input type="checkbox"/> Sweating	<input type="checkbox"/> LOC	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Itching	<input type="checkbox"/> Polyuria	<input type="checkbox"/> Seizures	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Irritation	<input type="checkbox"/> Polydipsia	<input type="checkbox"/> Numbness	<input type="checkbox"/> VH/AH
<input type="checkbox"/> Discoloration	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Tingling	<input type="checkbox"/> Delusions
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Tremor	<input type="checkbox"/> SI/HI
		<input type="checkbox"/> Negative	<input type="checkbox"/> ADHD Sxs
			<input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Crawls (6-10 months)

- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Pulls to stand (9-12 months)

- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Uses pincer grasp (thumb and index finger) (8-10 months)

- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Says first words (10-14 months)

- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Shows stranger anxiety (8-12 months)

- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____ Plt _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____ Glu _____
 K _____ CO₂ _____ Creat _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC	Hgb	Pt	Ca ²⁺ Total	Mg ²⁺
	Hct		Ca ²⁺ Ionized	PO ₄
			Vitamin D	HDL
			Vitamin B12	Chol
			HgbA1c	LDL
			Other: _____	
			Other: _____	
			MRI: _____	
			EEG: _____	
			Ultrasound: _____	

Na	Cl	BUN	Glu
K	CO ₂	Creat	

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ ☐ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. The page features horizontal blue lines and a vertical red margin line on the left. There are three binder holes punched along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

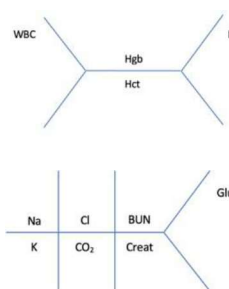
Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:


 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ ☐ inches ☐ cm ☐ m
 Weight _____ ☐ pounds ☐ kg ☐ grams
 BMI _____ ☐ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ ☐ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ ☐ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Frequency
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Urgency
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Burning
<input type="checkbox"/> Chills	<input type="checkbox"/> Pleuritic Pain	<input type="checkbox"/> Abd. Pain	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Pain with Intercourse	<input type="checkbox"/> MSK Pain / Stiffness
<input type="checkbox"/> Hearing Δ	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Discharge	<input type="checkbox"/> Joint Pain / Stiffness
<input type="checkbox"/> Vision Δ	<input type="checkbox"/> Diaphoresis	<input type="checkbox"/> Itching	<input type="checkbox"/> Back Pain / Stiffness
<input type="checkbox"/> Vertigo	<input type="checkbox"/> Orthopnea	<input type="checkbox"/> Rash	<input type="checkbox"/> Swelling of Joints
<input type="checkbox"/> Congestion	<input type="checkbox"/> Edema	<input type="checkbox"/> Irregular Menstruation	<input type="checkbox"/> Other: <input type="checkbox"/> Negative
<input type="checkbox"/> Rhinorrhea	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Hernia Abn.	
<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Negative	<input type="checkbox"/> Testes Abn.	
<input type="checkbox"/> Negative		<input type="checkbox"/> Negative	

Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes	<input type="checkbox"/> Hot/Cold Intolerance	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Depression
<input type="checkbox"/> Moles	<input type="checkbox"/> Sweating	<input type="checkbox"/> LOC	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Itching	<input type="checkbox"/> Polyuria	<input type="checkbox"/> Seizures	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Irritation	<input type="checkbox"/> Polydipsia	<input type="checkbox"/> Numbness	<input type="checkbox"/> VH/AH
<input type="checkbox"/> Discoloration	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Tingling	<input type="checkbox"/> Delusions
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Tremor	<input type="checkbox"/> SI/HI
		<input type="checkbox"/> Negative	<input type="checkbox"/> ADHD Sxs
			<input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions Comments

<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____ Plt _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____ Glu _____
 K _____ CO₂ _____ Creat _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/HI <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. There are three binder holes punched along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____ Plt _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____ Glu _____
 K _____ CO₂ _____ Creat _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

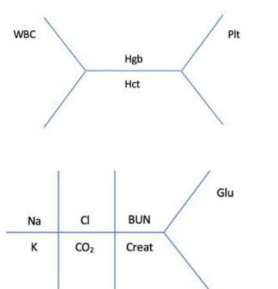
Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:


 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Frequency
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Urgency
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Burning
<input type="checkbox"/> Chills	<input type="checkbox"/> Pleuritic Pain	<input type="checkbox"/> Abd. Pain	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Pain with Intercourse	<input type="checkbox"/> MSK Pain / Stiffness
<input type="checkbox"/> Hearing Δ	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Discharge	<input type="checkbox"/> Joint Pain / Stiffness
<input type="checkbox"/> Vision Δ	<input type="checkbox"/> Diaphoresis	<input type="checkbox"/> Itching	<input type="checkbox"/> Back Pain / Stiffness
<input type="checkbox"/> Vertigo	<input type="checkbox"/> Orthopnea	<input type="checkbox"/> Rash	<input type="checkbox"/> Stiffness
<input type="checkbox"/> Congestion	<input type="checkbox"/> Edema	<input type="checkbox"/> Irregular Menstruation	<input type="checkbox"/> Swelling of Joints
<input type="checkbox"/> Rhinorrhea	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Hernia Abn.	<input type="checkbox"/> Other: <input type="checkbox"/> Negative
<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Negative	<input type="checkbox"/> Testes Abn.	
<input type="checkbox"/> Negative		<input type="checkbox"/> Negative	

Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes	<input type="checkbox"/> Hot/Cold Intolerance	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Depression
<input type="checkbox"/> Moles	<input type="checkbox"/> Sweating	<input type="checkbox"/> LOC	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Itching	<input type="checkbox"/> Polyuria	<input type="checkbox"/> Seizures	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Irritation	<input type="checkbox"/> Polydipsia	<input type="checkbox"/> Numbness	<input type="checkbox"/> VH/AH
<input type="checkbox"/> Discoloration	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Tingling	<input type="checkbox"/> Delusions
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Tremor	<input type="checkbox"/> SI/HI
		<input type="checkbox"/> Negative	<input type="checkbox"/> ADHD Sxs
			<input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions	Comments
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> LD	_____
<input type="checkbox"/> Developmental Delay	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Tic Disorder	_____
<input type="checkbox"/> Seizure Disorders	_____
<input type="checkbox"/> Febrile Convulsions	_____
<input type="checkbox"/> Cerebral Malformations	_____
<input type="checkbox"/> Autism Spectrum Disorder	_____
<input type="checkbox"/> Neurocutaneous Disorders	_____
<input type="checkbox"/> Movement Disorders	_____
<input type="checkbox"/> Deafness	_____
<input type="checkbox"/> Macrocephaly	_____
<input type="checkbox"/> Prolonged QT Syndrome	_____
<input type="checkbox"/> Sudden Early Death	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Bipolar Disorder	_____
<input type="checkbox"/> FHx Anxiety	_____
<input type="checkbox"/> FHx Depression	_____
<input type="checkbox"/> FHx Substance Use	_____
<input type="checkbox"/> FHx SI, HI	_____
<input type="checkbox"/> FHx Self-Harm	_____

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. There are three binder holes punched along the left edge.

LHA HEALTHCARE PROGRESS NOTE

Name:	DOB:	Date:			
CC: (patient's words)					
HPI: <i>(timeframe, triggers, recent treatment changes)</i>					
Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan <input type="checkbox"/> Forward Thinking Homicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Gesture <input type="checkbox"/> Plan					
Depression <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 2 weeks <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Sleep ↑ or ↓ <input type="checkbox"/> Interest/Pleasure ↓ (anhedonia) <input type="checkbox"/> Guilt/Feelings of Worthlessness <input type="checkbox"/> Energy ↓ Fatigue <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Appetite/Weight ↑ or ↓ <input type="checkbox"/> Psychomotor ↑ or ↓ <input type="checkbox"/> Suicidal Ideations <input type="checkbox"/> Homicidal Ideations Comments: _____	Mania <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 weeks <input type="checkbox"/> Elevated, Expansive, Irritable Mood <input type="checkbox"/> Distractible-attn to irrelevant stimuli <input type="checkbox"/> Insomnia <input type="checkbox"/> Impulsive Behavior <input type="checkbox"/> Grandiosity <input type="checkbox"/> Flight of Ideas, Racing Thoughts <input type="checkbox"/> Activity ↑ goal directed <input type="checkbox"/> Agitation <input type="checkbox"/> Speech (pressured) <input type="checkbox"/> Thoughtlessness Comments: _____	Psychosis <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 1 month <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Control <input type="checkbox"/> Grandeur <input type="checkbox"/> Guilt <input type="checkbox"/> Somatic <input type="checkbox"/> Hallucinations (A/V/O/T) <input type="checkbox"/> Disorganized Speech <input type="checkbox"/> Negative Symptoms <input type="checkbox"/> aPathy/avolition <input type="checkbox"/> aLogia – affective flattening <input type="checkbox"/> aNhedonia Or asociality <input type="checkbox"/> aTention deficit Comments: _____	Anxiety <input type="checkbox"/> No Symptoms <input type="checkbox"/> ≥ 6 months <input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Tension in muscles <input type="checkbox"/> Concentration Deficit <input type="checkbox"/> Hyperarousal or Irritability <input type="checkbox"/> Energy Loss or Fatigue <input type="checkbox"/> Restlessness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms: _____ <input type="checkbox"/> OCD <input type="checkbox"/> Recurrent, Persistent Thoughts/Images <input type="checkbox"/> Repetitive Behavior Comments: _____	PTSD <input type="checkbox"/> No Symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Threatened Death/Injury <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Re-Experience <input type="checkbox"/> Intrusive Thoughts/Image <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Triggers <input type="checkbox"/> Avoidance <input type="checkbox"/> Thoughts or Conversations <input type="checkbox"/> Activities/Places <input type="checkbox"/> Memories Comments: _____	<input type="checkbox"/> Unable to Function <input type="checkbox"/> Dissociative Amnesia <input type="checkbox"/> Anhedonia <input type="checkbox"/> Negative feelings (guilt, horror, fear) <input type="checkbox"/> Month or more <input type="checkbox"/> ≥ 1 months <input type="checkbox"/> Arousal Increased <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Anger Outbursts <input type="checkbox"/> ↓ Concentration <input type="checkbox"/> ↑ Vigilance <input type="checkbox"/> Startle Comments: _____

LHA HEALTHCARE PROGRESS NOTE

Hx (previous Ψ hospitalization, outpatient tx, medications, suicide & violence hx, psychotherapy)

☐ Medical Hospitalizations: _____
☐ Psychiatric Hospitalizations: _____
☐ Suicide Attempts/Behavior: _____
☐ Domestic Violence: _____
☐ Substance Use: ☐ Tobacco ☐ Cocaine/Amphetamine ☐ Heroin ☐ Ecstasy ☐ LSD ☐ Inhalants ☐ Caffeine
☐ Cannabis ☐ Rx Drugs (e.g.: Benzos, pain pills)
 Cut down (have you ever felt you should cut down) ☐ Y ☐ N ☐ Comments: _____
 Annoyed (have people annoyed you by criticizing your drinking?) ☐ Y ☐ N ☐ Comments: _____
 Guilty (have you ever felt bad or guilty about drinking) ☐ Y ☐ N ☐ Comments: _____
 Eye-Opener (have you ever needed a drink first thing in the morning?) ☐ Y ☐ N ☐ Comments: _____
FL PDMS Reviewed: ☐ Y ☐ N Date Reviewed: _____ Risk ☐ low ☐ moderate ☐ high

Allergies

☐ Food Allergies: _____
☐ Drug Allergies: _____
☐ Failed Trials: _____

PSHx

☐ No Surgical Hx Reported
☐ Surgical Hx Reported: _____

Social Hx

☐ Single ☐ Never Married ☐ Domestic Relationship ☐ Married ☐ Divorced ☐ Widowed
 Education: ☐ Daycare ☐ VPK ☐ Elementary ☐ Middle ☐ High School ☐ College ☐ Graduate
 If pediatric: grade level _____
 Occupation: ☐ Student ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Other: _____
 Lives: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandmother ☐ By themselves ☐ Other: _____
 Travel: _____
 Pets: _____

Health Risk Behavior

☐ Tobacco ☐ Sex
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Other: _____
Other Social Hx Info: _____

Labs/Imaging:

WBC _____ Hgb _____ Hct _____
 Ca²⁺ Total _____ Mg²⁺ _____
 Ca²⁺ Ionized _____ PO₄ _____
 Vitamin D _____ HDL _____
 Vitamin B12 _____ Chol _____
 HgbA1c _____ LDL _____
 Other: _____
 Other: _____
 MRI: _____
 EEG: _____
 Ultrasound: _____
 Na _____ Cl _____ BUN _____
 K _____ CO₂ _____ Creat _____
 Glu _____

Outpatient Treatment

Psychiatry <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Med Management <input type="checkbox"/> PMHNP Services <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other
Psychology <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> CBT <input type="checkbox"/> Family Systems <input type="checkbox"/> Substance/Drug <input type="checkbox"/> Other
Therapies <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Feeding <input type="checkbox"/> Other: _____
Other <input type="checkbox"/> Records Requested <input type="checkbox"/> Records Reviewed Comments: _____	<input type="checkbox"/> Early Steps <input type="checkbox"/> FLDRS <input type="checkbox"/> Psycho-Educational Eval <input type="checkbox"/> IEP <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Comprehensive Dev Eval

Ψ Meds

Name	Start Date	Dosage	Compliance/Comments

Ψ Vital Signs

☐ Unable to take vital signs due to telemedicine limitations
☐ Patient did not cooperate
 Height _____ inches ☐ cm ☐ m
 Weight _____ pounds ☐ kg ☐ grams
 BMI _____ WNL ☐ Underweight ☐ Overweight ☐ Obese ☐ Morbid Obese
 BP _____ / _____ mmHg ☐ WNL ☐ LA ☐ RA ☐ RF ☐ LF ☐ HTN ☐ Irregular ☐ Abnormal
 Comments: _____
 HR _____ WNL ☐ Bradycardia ☐ Tachycardia ☐ Regular ☐ Irregular
 Temperature: _____ °C ☐ °F

Ψ Review of Systems

General	Resp	GI	Urinary
<input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Negative	<input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Pleuritic Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bleeding <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Negative

Ψ ROS

HEENT	Cardio	GU	MSK
<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Δ <input type="checkbox"/> Vision Δ <input type="checkbox"/> Vertigo <input type="checkbox"/> Congestion <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Negative	<input type="checkbox"/> Palpitations <input type="checkbox"/> Tachycardia <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Chest Pain <input type="checkbox"/> Negative	<input type="checkbox"/> Pain with Intercourse <input type="checkbox"/> Discharge <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Hernia Abn. <input type="checkbox"/> Testes Abn. <input type="checkbox"/> Negative	<input type="checkbox"/> MSK Pain / Stiffness <input type="checkbox"/> Joint Pain / Stiffness <input type="checkbox"/> Back Pain / Stiffness <input type="checkbox"/> Swelling of Joints <input type="checkbox"/> Other: <input type="checkbox"/> Negative
Derm	Endocrine	Neuro	Psych
<input type="checkbox"/> Rashes <input type="checkbox"/> Moles <input type="checkbox"/> Itching <input type="checkbox"/> Irritation <input type="checkbox"/> Discoloration <input type="checkbox"/> Negative	<input type="checkbox"/> Hot/Cold Intolerance <input type="checkbox"/> Sweating <input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Bleeding <input type="checkbox"/> Negative	<input type="checkbox"/> Dizziness <input type="checkbox"/> LOC <input type="checkbox"/> Seizures <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Tremor <input type="checkbox"/> Negative	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Memory Loss <input type="checkbox"/> VH/AH <input type="checkbox"/> Delusions <input type="checkbox"/> SI/II <input type="checkbox"/> ADHD Sxs <input type="checkbox"/> Negative

LHA HEALTHCARE PROGRESS NOTE

Comments: _____

ψ Family History

Conditions Comments

<input type="checkbox"/> ADHD	
<input type="checkbox"/> LD	
<input type="checkbox"/> Developmental Delay	
<input type="checkbox"/> Migraines	
<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Tic Disorder	
<input type="checkbox"/> Seizure Disorders	
<input type="checkbox"/> Febrile Convulsions	
<input type="checkbox"/> Cerebral Malformations	
<input type="checkbox"/> Autism Spectrum Disorder	
<input type="checkbox"/> Neurocutaneous Disorders	
<input type="checkbox"/> Movement Disorders	
<input type="checkbox"/> Deafness	
<input type="checkbox"/> Macrocephaly	
<input type="checkbox"/> Prolonged QT Syndrome	
<input type="checkbox"/> Sudden Early Death	
<input type="checkbox"/> Schizophrenia	
<input type="checkbox"/> Bipolar Disorder	
<input type="checkbox"/> FHx Anxiety	
<input type="checkbox"/> FHx Depression	
<input type="checkbox"/> FHx Substance Use	
<input type="checkbox"/> FHx SI, HI	
<input type="checkbox"/> FHx Self-Harm	

ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)

0-6 Months

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Motor Skills

- ☐ Holds head up steadily (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Grasps objects (3-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Coos and babbles (2-4 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Explores objects with hands and mouth (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Smiles at people (2-3 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

ψ Developmental History (Pediatric Patients)

6-12 Months

Motor Skills

- ☐ Rolls over (4-6 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Sits without support (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Crawls (6-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Pulls to stand (9-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Fine Motor Skills

- ☐ Transfers objects between hands (6-8 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Uses pincer grasp (thumb and index finger) (8-10 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Speech and Language

- ☐ Responds to name (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Says first words (10-14 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Cognitive Skills

- ☐ Finds hidden objects (6-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

Social and Emotional

- ☐ Enjoys playing with others (6-9 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

- ☐ Shows stranger anxiety (8-12 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____

12-24 Months

Motor Skills

- ☐ Walks independently (12-15 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range
- ☐ Did not achieve or working on it
- ☐ Comments: _____
- ☐ Runs (18-24 months)
- ☐ Met earlier than expected range
- ☐ Met at expected developmental age range

LHA HEALTHCARE PROGRESS NOTE

- ☐ Did not achieve or working on it
- ☐ Comments:

ψ Developmental History (Pediatric Patients)

Toilet Trained

- ☐ unknown ☐ not achieved
- ☐ before 2 years of age (early)
- ☐ at 2 to 3 years of age (average)
- ☐ over 4 years of age (delayed)

Dressed self, including front fastenings

- ☐ unknown ☐ not achieved
- ☐ before 4 years of age (early)
- ☐ at 4 to 4.5 years of age (average)
- ☐ over 4.5 years of age (delayed)

Behavior in Infancy Present to a Significant Degree

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or stroked
- ☐ Difficult to comfort
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficulty nursing
- ☐ Did not turn towards caregivers
- ☐ Poor eye contact
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Child's Early Temperament

Activity Level

- ☐ normal
- ☐ low levels of activity
- ☐ high levels of activity extremely
- ☐ high levels of activity

Distractibility

- ☐ was able to maintain focus to complete tasks
- ☐ was typically unable to complete test due to distractibility
- ☐ displayed inconsistent focus and attention

Adaptability

- ☐ cried and got very upset during transitions/changes
- ☐ adapted to changes interventions normally [
- ☐ was highly flexible to changes situations

Approach/Withdrawal

- ☐ Displayed high levels of fear and emotion when faced with new challenges
- ☐ Responded well to new things
- ☐ Thrived in new situations

Intensity

- ☐ Extreme tantrums
- ☐ average/normal displays of affection
- ☐ flat affect
- ☐ mild tantrum

Mood

- ☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy

- Regularity** ☐ unpredictable ☐ predictable ☐ very predictable

Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her Age

- Sitting still at mealtime ☐ Y ☐ N ☐ Comment:
- Paying attention when read to ☐ Y ☐ N ☐ Comment:
- Throwing a ball ☐ Y ☐ N ☐ Comment:
- Catching a ball ☐ Y ☐ N ☐ Comment:
- Buttoning and zipping ☐ Y ☐ N ☐ Comment:
- Holding a crayon or pencil ☐ Y ☐ N ☐ Comment:
- Accidentally dropping things ☐ Y ☐ N ☐ Comment:
- Staying focused on TV, movies, video games ☐ Y ☐ N ☐ Comment:
- Waiting for return to play ☐ Y ☐ N ☐ Comment:
- Knowing left and right ☐ Y ☐ N ☐ Comment:
- Acting without thinking ☐ Y ☐ N ☐ Comment:
- Dressing self ☐ Y ☐ N ☐ Comment:
- Tying shoelaces ☐ Y ☐ N ☐ Comment:
- Accidentally knocking things over ☐ Y ☐ N ☐ Comment:

ψ Developmental History (Pediatric Patients)

Differential Behaviors

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting his/her turn
- ☐ Talks excessively, interrupts often, does not listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activity
- ☐ Often argumentative with adults
- ☐ Often actively defiant without requests or rules
- ☐ Blames others for mistakes
- ☐ Often angry and resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards peers
- ☐ Aggressive towards adults
- ☐ Often depressed/irritable

ψ MSE

Appearance

- ☐ Casual Dress. ☐ Disheveled ☐ Normal Eye Contact ☐ ↓ Eye Contact
- ☐ Normal Grooming ☐ Poor Hygiene ☐ Stated Age ☐ Younger or Older
- ☐ Malnourished

Behavior (Motor)

- ☐ Normal ☐ Tremor ☐ Akathisia/Restless ☐ Catatonia ☐ Psychomotor Agitation ☐ Tics
- ☐ Dystonia ☐ Slowing

Attitude

- ☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Hostile ☐ Calm ☐ Apathic
- ☐ Suspicious ☐ Withdrawn

Speech

- ☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓
- ☐ Volume ↑ ☐ Volume ↓ ☐ Incoherent ☐ Mumbled/Slurred ☐ Pressured
- ☐ Stuttering ☐ Poverty of Language ☐ Mute ☐ Receptive Deficits
- ☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: _____

Thought Process

- ☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial
- ☐ Tangential ☐ Derailment ☐ Flight of Ideas ☐ Perseveration
- ☐ Word Salad ☐ Clang Associations ☐ Impoverished ☐ Blocked Thoughts
- ☐ Loose Associations ☐ Neologisms

Thought Content

- ☐ Normal ☐ SI ☐ HI ☐ Grandiose ☐ Delusions ☐ Paranoia ☐ Thought Broadcasting
- ☐ Obsessions ☐ Thought Insertion/Deletion
- ☐ Phobias: _____

Perceptual Disturbances

- ☐ AH ☐ VH ☐ Dissociations: _____

Mood

- ☐ " _____ " (in patient's words).
- ☐ Euthymic ☐ Elevated ☐ Depressed ☐ Irritable ☐ Anxious

Affect

- ☐ Full ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ w/ reactivity
- ☐ Tearful ☐ w/ inappropriate laughter

LOC

- ☐ Awake ☐ Alert ☐ Disoriented ☐ Lethargic ☐ Obtunded ☐ Stupor
- ☐ Comatose

Orientation	Date, Season, Day, Hosp, City	
Memory	Register Objects: ____/3	Recall Objects at 5 min: ____/3 (Apple, Dog, Freedom)
Concentration	WORLD	Serial 7's
Intellect	Name 5 Presidents	Distance from NY to LA:
Abstract Thinking	Proverbs – A drowning man will clutch at a straw, cats away, judge book by cover) ...	Similarities (Table/Bookcase; Plane/Car; Watch/Ruler)

Insight

- ☐ Poor ☐ Impaired ☐ Good

Judgment

- ☐ Poor ☐ Impaired ☐ Good

LHA HEALTHCARE PROGRESS NOTE

ψ Suicide Risk

<input type="checkbox"/> Sex (male)	<input type="checkbox"/> Past Attempt	<input type="checkbox"/> ↓ Support	<input type="checkbox"/> 0-4 (low)
<input type="checkbox"/> Age (< 19, > 45)	<input type="checkbox"/> EtOH	<input type="checkbox"/> Organized Plan	<input type="checkbox"/> 5-6 (medium) consider hospitalization
<input type="checkbox"/> Depressed	<input type="checkbox"/> Rational Think Loss	<input type="checkbox"/> No spouse	<input type="checkbox"/> 7-10 (high) hospitalize or commit
	<input type="checkbox"/> Sickness		

Access to Firearms: ☐ Y ☐ N ☐ If Yes, Comment: _____

ψ Impression/DDx:

_____ is a _____-year-old ☐ female ☐ male, presenting to the clinic c/o _____.
Previously, they were presenting w/ the following issues:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

Positive Symptoms (Disease State):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Symptoms (Protective Factors):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Differential DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final DDx:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implications/Conclusions:

ψ Plan:

Prescribed Medications:

<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____
<input type="checkbox"/> Start <input type="checkbox"/> Continue	_____

Documents Requested:

<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____
<input type="checkbox"/> Evaluation/Consult:	_____

Labs Ordered:

<input type="checkbox"/> CMP <input type="checkbox"/> CBC w/ plat <input type="checkbox"/> Lipid Panel <input type="checkbox"/> TSH w/ thyroid Panel <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Vitamin B12 <input type="checkbox"/> UA <input type="checkbox"/> HgbA1c <input type="checkbox"/> TB Gold <input type="checkbox"/> HIV 1 and 2 <input type="checkbox"/> PTH
<input type="checkbox"/> Ionized Ca <input type="checkbox"/> PTT Intact <input type="checkbox"/> PT/INR <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> TG Abx
<input type="checkbox"/> TPO Abx <input type="checkbox"/> DNA for Fragile X <input type="checkbox"/> Chromosomal MicroArray
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Studies/Diagnostics:

<input type="checkbox"/> Ultrasound <input type="checkbox"/> Brain MRI (plain) <input type="checkbox"/> EEG (routine) <input type="checkbox"/> EEG w/ Precedex
<input type="checkbox"/> Brain MRI w/ gad <input type="checkbox"/> Sedation for Brain MRI <input type="checkbox"/> X-Ray _____
Other Studies: _____ Other Studies: _____

Services Ordered:

<input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ABA <input type="checkbox"/> Therapy <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ Other: _____

Referrals:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RTC:

☐ _____ days ☐ weeks ☐ months

Other Notes:

COUNSELING/EDUCATION TIME

The coordination of ancillary services deemed medically necessary was discussed during the consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care.

I have personally reviewed it and verified its accuracy.

_____ Date Signed: _____
Provider NPI: _____ nse Number: _____

Medical Billing/Superbill

<input type="checkbox"/> Office 11 <input type="checkbox"/> Telemedicine 10 <input type="checkbox"/> 95 Telehealth Modifier
<input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99205
<input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 99215
<input type="checkbox"/> 90791 <input type="checkbox"/> 90792 <input type="checkbox"/> 90834 (38-52 min) <input type="checkbox"/> 90837 (53+ min) <input type="checkbox"/> 90832 (30-37 min)
+ E/M Add-On Code: <input type="checkbox"/> 90785 Interactive Complexity
<input type="checkbox"/> Psychopharmacology with psychotherapy <input type="checkbox"/> 90833 (30 min w/ EM)
<input type="checkbox"/> 80836 (45 min w/ EM) <input type="checkbox"/> 90838 (60 min w/ EM)

LHA HEALTHCARE PROGRESS NOTE

This is a blank lined page for a progress note. It features horizontal blue lines and a vertical red margin line on the left. Three binder holes are visible along the left edge.