

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

Name:					DOB:				Date	2:		
CC: (pat	tient's words)				I							
HPI:									(timeframe, trigge	ers, recent tred	atment changes)	
									(umejrume, trigge	ers, recem wee	umem changes)	
	☐Ideation ☐Gesture ression	□Plan □ Man		Psych	osis	Hom Anxi	icide: □Ideation □Gestuetv	ire Plan PTSD			Unable to	
	No Symptoms		No Symptoms		No Symptoms		No Symptoms		No Symptoms		Function	
	≥ 2 weeks		≥ 1 weeks		≥ 1 month		≥ 6 months		Trauma		Dissociative	
	Depressed Mood		Elevated,		Delusions		Worry		Threatened Death/Injury		Amnesia	l
	Sleep ↑ or ↓		Expansive, Irritable		Paranoid		Anxiety		Sexual Violence		Anhedonia	ī
	Interest/Pleasure		Mood Distractible-attn to		☐ Ideas of		Tension in muscles		Re-Experience		Negative feelings (guilt,	
	↓ (anhedonia) Guilt/Feelings of		irrelevant stimuli		Reference Control		Concentration Deficit		Intrusive		horror, fear)	
ш	Worthlessness		Insomnia		Grandeur		Hyperarousal or Irritability	_	Thoughts/Imag	е	Month or more	1
	Energy ↓ Fatigue		Impulsive Behavior		Guilt		Energy Loss or		Nightmares		≥ 1 months	
	Concentration		Grandiosity		☐ Somatic		Fatigue		Flashbacks		Arousal	-
	Deficit		Flight of Ideas,		Hallucinations		Restlessness		Triggers		Increased	-
	Appetite/Weight		Racing Thoughts		(A/V/O/T)		Sleep Disturbances		Avoidance		Hypervigilance	
	↑ or ↓		Activity ↑ goal		Disorganized		Panic Attacks		Thoughts or Conversations		Insomnia	ī
	Psychomotor ↑		directed		Speech		Physical Symptoms:		Activities/Place		Irritability	l
	or ↓ Suicidal		Agitation Speech (pressured)		Negative Symptoms		OCD		Memories		Anger Outbursts	
	Ideations		Thoughtlessness		aPathy/avolition		OCD Recurrent, Persistent				↓ ↓	Ī
	Homicidal				□aLogia –		Thoughts/Images	Comm	ents:	_	Concentration	
	Ideations	Comm	ents:		affective		Repetitive Behavior				↑ Vigilance	-
Comm	ents:				flattening		•				Startle	
Comm					a N hedonia	Comm	ents:			Comm	ents:	
					Or asociality							
					aTtention deficit	l						
				Commer	nts:							

	Outpatient Trea	tment		
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	Psychiatry	ested	☐Med Manageme ☐PMHNP Service ☐Group ☐Individual ☐Other	
□ 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	Psychology Records Reque Records Revie Comments:		Clinical Psychol CBT Family Systems Substance/Drug Other	-
Allergies Food Allergies:	Therapies Records Reque Records Revie Comments:		STOT	
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requestion Records Revie Comments:	wed	□Early Steps □FLDRS □Psycho-Educatic □IEP □504 Accommod □Comprehensive	ation Plan
Pets: Health Risk Behavior	ψ Meds Name	Start Date	Dosage	Compliance/Comments
Labs/Imaging:				
Ca2+ Total				
	ψROS			
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 _Underweight _Overweight _Obese _Morbid Obese BP _mmHg _WNL _ LA _RA _RF _LF _HTN _Irregular _Abnormal Comments:	HEENT ☐ Headache ☐ Hearing \(\Delta\) ☐ Vision \(\Delta\) ☐ Congestion ☐ Rhinorrhea ☐ Pharyngitis ☐ Negative	Cardio Palpitations Tachycardia Diaphoresis Orthopnea Edema Chest Pain Negative	GU Pain with Intercourse Discharge Itching Rash Irregular Menstruation Hernia Abn. Testes Abn. Negative	MSK MSK Pain / Stiffness Joint Pain / Stiffness Back Pain / Stiffness Swelling of Joints Other:
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Rashes Moles Itching Irritation Discoloration Negative	Endocrine Hot/Cold Intolerance Sweating Polyuria Polydipsi: Bleeding Negative	Neuro Dizziness LOC Seizures Numbness Tingling Tremor Negative	□ Negative Psych □ Depression □ Anxiety □ Memory Loss □ VH/AH □ Delusions □ SI/HI □ ADHD Sxs □ Negative

Comments:	
ψ Family History	ψ Developmental History (Pediatric Patients)
Conditions Comments	6-12 Months
□ADHD	**Motor Skills** - □Rolls over (4-6 months)
	- Met earlier than expected range
Developmental Delay	- Met at expected developmental age range
☐ Migraines	- □Did not achieve or working on it
Tic Disorder	- ☐Comments:
Seizure Disorders	
Febrile Convulsions	- Sits without support (6-9 months)
Cerebral Malformations	- Met earlier than expected range - Met at expected developmental age range
Autism Spectrum Disorder	- Did not achieve or working on it
Neurocutaneous Disorders Movement Disorders Movement Disorders	- Comments:
Deafness	
Macrocephaly	- □Crawls (6-10 months)
Prolonged QT Syndrome	- ☐Met earlier than expected range
Sudden Early Death	- Met at expected developmental age range
Schizophrenia	- Did not achieve or working on it
Bipolar Disorder	- Decimients.
☐FHx Anxiety	- □Pulls to stand (9-12 months)
FHx Substance Use	- ☐Met earlier than expected range
FHx SI, HI	- ☐Met at expected developmental age range
□FHx Self-Harm	- Did not achieve or working on it
	- Comments: **Fine Motor Skills**
ψ Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	- Transfers objects between hands (6-8 months)
0-6 Months	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range - ☐Met at expected developmental age range	- □Comments:
- □ Did not achieve or working on it	[] Lloss sizes area (through and index finance) (0.40 months)
- Comments:	- Uses pincer grasp (thumb and index finger) (8-10 months) - Met earlier than expected range
Fine Motor Skills	- Met at expected developmental age range
- ☐Grasps objects (3-4 months)	- □ Did not achieve or working on it
- Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it - □Comments:	- Responds to name (6-9 months)
Speech and Language	Met earlier than expected range Met at expected developmental age range
- Coos and babbles (2-4 months)	- Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	
- Did not achieve or working on it	- ☐Says first words (10-14 months)
- Comments: **Motor Skills**	- ☐Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	- Met at expected developmental age range - Did not achieve or working on it
- Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	**Cognitive Skills**
- □Did not achieve or working on it	- ☐Finds hidden objects (6-12 months)
- Comments:	- ☐Met earlier than expected range
Fine Motor Skills	- Met at expected developmental age range
- ☐Grasps objects (3-4 months) - ☐Met earlier than expected range	- Did not achieve or working on it
- □Met at expected developmental age range	- Ucomments: **Social and Emotional**
- □Did not achieve or working on it	- Denjoys playing with others (6-9 months)
- Comments:	- Met earlier than expected range
Speech and Language	- Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- ☐Met earlier than expected range - ☐Met at expected developmental age range	- □Comments:
- □ Did not achieve or working on it	Dishawa atrangar anyiaty (9.42 months)
- Comments:	- □Shows stranger anxiety (8-12 months) - □Met earlier than expected range
Cognitive Skills	- Met at expected developmental age range
- □Explores objects with hands and mouth (4-6 months)	- Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	
- □Did not achieve or working on it - □Comments:	12-24 Months
Social and Emotional	**Motor Skills** - Walks independently (12-15 months)
- □Smiles at people (2-3 months)	-
- ☐Met earlier than expected range	- Met at expected developmental age range
- ☐Met at expected developmental age range	- □Did not achieve or working on it
- Did not achieve or working on it	- □Comments:
- □Comments:	- Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range

		ot achieve or working on it			
	- Com	ments: al History (Pediatric Patients)			
ψ Developmental History (Pediatric Patients)	ψ Developmenta	n monty (remaine ranells)			
¥ - · · · · · • • • · · · · · · · · · · ·	Differential Beha		Consequent to the second second	- 11	
Toilet Trained	his/her turn	ly distracted, has a hard time stay	ying seated, has difficulty w	aiting	
□unknown □not achieved □before 2 years of age (early)	lnis/her turn ☐ Talks excessively, interrupts often, does not listen				
□ at 2 to 3 years of age (average)	□Low energy/fati	e			
over 4 years of age (delayed)	□Poor concentration				
	Difficulty initiating tasks				
<u>Dressed self, including front fastenings</u>	☐Difficulty compl				
□unknown □ not achieved	☐Immature comp				
before 4 years of age (early) at 4 to 4.5 years of age (average)		rsically dangerous activity			
Over 4.5 years of age (delayed)	☐Often argumen	tative with adults			
		lefiant without requests or rules			
Behavior in Infancy Present to a Significant Degree	☐Blames others ☐Often angry and				
Did not enjoy cuddling		aints of not feeling well			
☐ Was not easily calmed by being held or stroked ☐ Difficult to comfort	☐Excessive frust				
Colicky	□Lies				
☐ Excessive irritability	Steals				
□Diminished sleep	☐Aggressive tow ☐Aggressive tow				
☐ Frequent head banging ☐ Difficulty nursing	☐Often depresse				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<u>'</u>				
□ Poor eye contact	ψMSE				
□Did not respond to name	Appearance				
□Did not respond to speech of caregivers		☐Disheveled ☐Normal Eye Cor	tact □↓ Eye Contact		
Fascination with certain objects	■Normal Groomi	ng □Poor Hygiene □Stated Ag			
Constantly into everything	☐Malnourished				
Child's Early Temperament	Behavior (Motor)	nor □Akathisia/Restless □Catat	ania Doughamatar Agita	ion DTion	
	□ Dystonia □ Slo		unia Hrsycholliotol Agita	lion 🗖 nes	
Activity Level	Attitude	9			
☐ normal ☐ low levels of activity		Uncooperative ☐Guarded ☐Ho	stile □Calm □Apathic		
☐ high levels of activity extremely	□Suspicious □V	Vithdrawn			
high levels of activity	Speech	oherent Fluent Spontaneous	DPate ↑ □Pate		
Distractibility	□ Volume ↑ □ V	olume ↓ ☐ Incoherent ☐Mumb	led/Slurred □Pressured		
was able to maintain focus to complete tasks	☐ Stuttering ☐ F	overty of Language ☐Mute ☐R	eceptive Deficits		
☐ was typically unable to complete test due to distractibility ☐ displayed inconsistent focus and attention	Expressive De	ficits 🗌 Pragmatic Deficits 🔲 Ot	her:		
Adaptability	Thought Process		. =		
□cried and got very upset during transitions/changes		l Directed ☐ Slow ☐ Disorganiz erailment ☐ Flight of Ideas ☐ P			
□adapted to changes interventions normally [Clang Associations I Impoveris			
was highly flexible to changes situations		tions Neologisms	moa 🗖 Bioonoa inioagino		
Approach/Withdrawal ☐ Displayed high levels of fear and emotion when faced with new challenges	Thought Content	<u>t</u>			
Responded well to new things	□ Normal □SI □	☐ HI ☐ Grandiose ☐ Delusions I	☐ Paranoia ☐Thought Bro	adcasting	
☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion			
Intensity	Perceptual Distu	rbances			
☐Extreme tantrums ☐average/normal displays of affection		ssociations:			
☐ flat affect	Mood				
☐ mild tantrum	☐ " Euthymic ☐ E	levated Depressed Irritable	" (in patient's words).		
Mood	Affect	ievated 🗆 Depressed 🗀 iiiitabie	E LI Alixious		
☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy		☐ Constricted ☐ Blunted ☐ Fla	t ☐ w/ reactivity		
Regularity □unpredictable □predictable □very predictable		nappropriate laughter			
- J. J. J. J. T. T. T. T. T. J.	LOC	t Disoriented Lethargic	Obtunded IT Stuper		
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her	☐ Comatose	t 🔲 Disorierited 🖂 Lethargic 🔲	Obtanaea 🗖 Stapor		
Age Sitting still at mealtime □Y □N □Comment:					
Paying attention when read to \square \square \square \square \square Comment:	Orientation	Date, Season, Day, Hosp,			
Throwing a ball ☐Y ☐N ☐Comment:	Momoni	City Register Objects: /3	Decall Objects at F		
Catching a ball \(\sum Y \subseteq N \subseteq Comment: \)	Memory	Register Objects:/3	Recall Objects at 5 min:/3 (Apple,		
Buttoning and zipping □Y □N □Comment: Holding a crayon or pencil □Y □N □Comment:			Dog, Freedom)		
Holding a crayon or pencil	Concentration	WORLD	Serial 7's		
Staying focused on TV, movies, video games $\Box Y \Box N \Box Comment$:	Intellect	Name 5 Presidents	Distance from NY to		
Waiting for return to play ☐Y ☐N ☐Comment:	Abstract	Proverbe A drawning rest	LA:		
Knowing left and right \(\text{TY} \) \(\text{N} \) \(\text{Comment:} \)	Abstract Thinking	Proverbs – A drowning man will cultch at a straw, cats	Similarities (Table/Bookcase;		
Acting without thinking \(\subseteq \subseteq \text{N} \) \(\subseteq \text{Comment:} \) Dressing self \(\supseteq \subseteq \text{N} \) \(\subseteq \text{Comment:} \)	Timking	away, judge book by cover)	Plane/Car;		
Dressing self □ Y □ N □ Comment: Tying shoelaces □ Y □ N □ Comment:			Watch/Ruler)		
Accidentally knocking things over \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Insight				
	☐ Poor ☐ Impair Judgment	red ∐ Good			
	☐ Poor ☐ Impair	ed ∏ Good			

ψ Suicide Risk				
Sex (male)	☐ Past Attempt	☐ ↓ Support		□ 0-4 (low)
☐ Age (< 19, > 45)	□ EtOH	☐ Organized P	Plan	☐ 5-6 (medium) consider
☐ Depressed	☐ Rational Think Loss	☐ No spouse		hospitalization 7-10 (high) hospitalize or
Бергессе	- Radional Hilling 2000	·		commit
		☐ Sickness		
Access to Firearms: ☐ Y ☐ N ☐ If Ye	s, Comment:			
ψ Impression/DDx:			ψ Plan:	
is ayear-old □female □	☐male, presenting to the clinic c/o		Prescribed Medica	
	reviously, they were presenting w/ the fo	ollowing issues:	☐Start ☐Continue	·
			☐Start ☐Continue	
Other Comments:			Start Continue	
Other Comments:			☐Start ☐Continue	
Positive Symptoms (Disease State):			Documents Reque	
	 		☐Evaluation/Consu	ult:
			☐Evaluation/Consu	ult:
Negative Symptoms (Protective Factor	ors):		☐ Evaluation/Const	ult: ult:
			Evaluation/Consu	ult:
<u> </u>				
O O			Labs Ordered:	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐ Vitamin D
Differential DDx:			☐ Vitamin B12 ☐	UA ☐ HgbA1c ☐ TB Gold ☐ HÍV 1 and 2 ☐ PTH
<u> </u>				TT Intact PT/INR Pregnancy Test TG Abx
			☐ IPO Abx ☐ DN	A for Fragile X Chromosomal MicroArray Other: Other: Other:
	<u> </u>			
Final DDx:			Studies/Diagnostic	cs: ain MRI (plain) ☐ EEG (routine) ☐ EEG w/ Precedex
│ □ □			☐Brain MRI w/ gad	☐ Sedation for Brain MRI ☐ X-Ray
D D			Other Studies:	Other Studies:
Implications/Conclusions:			Services Ordered:	
			ST OT PT	ABA Therapy Other: Other:
			Referrals:	
			RTC:	and a Parame
			Other Notes:	weeks months
COUNSELING/EDUCATION TIME			Medical Billing/Su	perbill
	eemed medically necessary was discuss			emedicine 10 🔲 95 Telehealth Modifier
consultation. Over 50% of the duration of coordination of care.	of the patient's encounter was spent on	counseling and	□99202 □99203 □99212 □99213	⊔ээ∠∪4 ∐99215 ∏99214 ∏99215
			□90791 □90792	□90834 (38-52 min) □90837 (53+ min) □90832 (30-37 min)
I have personally reviewed it and verifie	ed its accuracy.			e: ☐ 90785 Interactive Complexity plogy with psychotherapy ☐90833 (30 min w/ EM)
				/ EM) □90838 (60 min w/ EM)
			`	
Provider NPI:	Date Signed:			
I TOVIDEL INI I.	IISC HUITIDGI.			

Name:					DOB:				Date	2:		
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	No Symptoms		No Symptoms		No Symptoms		No Symptoms		No Symptoms		Function	
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	Outpatient Trea	tment		
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Pets: Health Risk Behavior	ψ Meds Name	Start Date	Dosage	Compliance/Comments
Labs/Imaging:				
Ca2+ Total				
	ψROS			
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 _Underweight _Overweight _Obese _Morbid Obese BP _mmHg _WNL _ LA _RA _RF _LF _HTN _Irregular _Abnormal Comments:	HEENT ☐ Headache ☐ Hearing \(\Delta\) ☐ Vision \(\Delta\) ☐ Congestion ☐ Rhinorrhea ☐ Pharyngitis ☐ Negative	Cardio Palpitations Tachycardia Diaphoresis Orthopnea Edema Chest Pain Negative	GU Pain with Intercourse Discharge Itching Rash Irregular Menstruation Hernia Abn. Testes Abn. Negative	MSK MSK Pain / Stiffness Joint Pain / Stiffness Back Pain / Stiffness Swelling of Joints Other:
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- □Did not achieve or working on it - □Comments:	- Responds to name (6-9 months)
Speech and Language	Met earlier than expected range Met at expected developmental age range
- Coos and babbles (2-4 months)	- Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	
- Did not achieve or working on it	- ☐Says first words (10-14 months)
- Comments: **Motor Skills**	- ☐Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	- Met at expected developmental age range - Did not achieve or working on it
- Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	**Cognitive Skills**
- □Did not achieve or working on it	- ☐Finds hidden objects (6-12 months)
- Comments:	- ☐Met earlier than expected range
Fine Motor Skills	- Met at expected developmental age range
- ☐Grasps objects (3-4 months) - ☐Met earlier than expected range	- Did not achieve or working on it
- □Met at expected developmental age range	- Ucomments: **Social and Emotional**
- □Did not achieve or working on it	- Denjoys playing with others (6-9 months)
- Comments:	- Met earlier than expected range
Speech and Language	- Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- ☐Met earlier than expected range - ☐Met at expected developmental age range	- □Comments:
- □ Did not achieve or working on it	Dishawa atrangar anyiaty (9.42 months)
- Comments:	- □Shows stranger anxiety (8-12 months) - □Met earlier than expected range
Cognitive Skills	- Met at expected developmental age range
- □Explores objects with hands and mouth (4-6 months)	- Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	
- □Did not achieve or working on it - □Comments:	12-24 Months
Social and Emotional	**Motor Skills** - Walks independently (12-15 months)
- □Smiles at people (2-3 months)	-
- ☐Met earlier than expected range	- Met at expected developmental age range
- ☐Met at expected developmental age range	- □Did not achieve or working on it
- Did not achieve or working on it	- □Comments:
- □Comments:	- Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range

		ot achieve or working on it			
	- Com	ments: al History (Pediatric Patients)			
ψ Developmental History (Pediatric Patients)	ψ Developmenta	n monty (remaine ranells)			
¥ - · · · · · • • • · · · · · · · · · · ·	Differential Beha		Consequent to the second second	- 11	
Toilet Trained	his/her turn	ly distracted, has a hard time stay	ying seated, has difficulty w	aiting	
□unknown □not achieved □before 2 years of age (early)	lnis/her turn ☐ Talks excessively, interrupts often, does not listen				
□ at 2 to 3 years of age (average)	□Low energy/fati	e			
over 4 years of age (delayed)	□Poor concentration				
	Difficulty initiating tasks				
<u>Dressed self, including front fastenings</u>	☐Difficulty compl				
□unknown □ not achieved	☐Immature comp				
before 4 years of age (early) at 4 to 4.5 years of age (average)		rsically dangerous activity			
Over 4.5 years of age (delayed)	☐Often argumen	tative with adults			
		lefiant without requests or rules			
Behavior in Infancy Present to a Significant Degree	☐Blames others ☐Often angry and				
Did not enjoy cuddling		aints of not feeling well			
☐ Was not easily calmed by being held or stroked ☐ Difficult to comfort	☐Excessive frust				
Colicky	□Lies				
☐ Excessive irritability	Steals				
□Diminished sleep	☐Aggressive tow ☐Aggressive tow				
☐ Frequent head banging ☐ Difficulty nursing	☐Often depresse				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<u>'</u>				
□ Poor eye contact	ψMSE				
□Did not respond to name	Appearance				
□Did not respond to speech of caregivers		☐Disheveled ☐Normal Eye Cor	tact □↓ Eye Contact		
Fascination with certain objects	■Normal Groomi	ng □Poor Hygiene □Stated Ag			
Constantly into everything	☐Malnourished				
Child's Early Temperament	Behavior (Motor)	nor □Akathisia/Restless □Catat	ania Doughamatar Agita	ion DTion	
	□ Dystonia □ Slo		unia Hrsycholliotol Agita	lion 🗖 nes	
Activity Level	Attitude	9			
☐ normal ☐ low levels of activity		Uncooperative ☐Guarded ☐Ho	stile □Calm □Apathic		
☐ high levels of activity extremely	□Suspicious □V	Vithdrawn			
high levels of activity	Speech	oherent Fluent Spontaneous	DPate ↑ □Pate		
Distractibility	□ Volume ↑ □ V	olume ↓ ☐ Incoherent ☐Mumb	led/Slurred □Pressured		
was able to maintain focus to complete tasks	☐ Stuttering ☐ F	overty of Language ☐Mute ☐R	eceptive Deficits		
☐ was typically unable to complete test due to distractibility ☐ displayed inconsistent focus and attention	Expressive De	ficits 🗌 Pragmatic Deficits 🔲 Ot	her:		
Adaptability	Thought Process		. =		
□cried and got very upset during transitions/changes		l Directed ☐ Slow ☐ Disorganiz erailment ☐ Flight of Ideas ☐ P			
□adapted to changes interventions normally [Clang Associations I Impoveris			
was highly flexible to changes situations		tions Neologisms	moa 🗖 Bioonoa inioagino		
Approach/Withdrawal ☐ Displayed high levels of fear and emotion when faced with new challenges	Thought Content	<u>t</u>			
Responded well to new things	□ Normal □SI □	☐ HI ☐ Grandiose ☐ Delusions I	☐ Paranoia ☐Thought Bro	adcasting	
☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion			
Intensity	Perceptual Distu	rbances			
☐Extreme tantrums ☐average/normal displays of affection		ssociations:			
☐ flat affect	Mood				
☐ mild tantrum	☐ " Euthymic ☐ E	levated Depressed Irritable	" (in patient's words).		
Mood	Affect	ievated 🗆 Depressed 🗀 iiiitabie	E LI Alixious		
☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was generally happy		☐ Constricted ☐ Blunted ☐ Fla	t ☐ w/ reactivity		
Regularity □unpredictable □predictable □very predictable		nappropriate laughter			
- J. J. J. J. T. T. T. T. T. J.	LOC	t Disoriented Lethargic	Obtunded IT Stuper		
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her	☐ Comatose	t 🔲 Disorierited 🖂 Lethargic 🔲	Obtanaea 🗖 Stapor		
Age Sitting still at mealtime □Y □N □Comment:					
Paying attention when read to \square \square \square \square \square Comment:	Orientation	Date, Season, Day, Hosp,			
Throwing a ball ☐Y ☐N ☐Comment:	Momoni	City Register Objects: /3	Decall Objects at F		
Catching a ball \(\sum Y \subseteq N \subseteq Comment: \)	Memory	Register Objects:/3	Recall Objects at 5 min:/3 (Apple,		
Buttoning and zipping □Y □N □Comment: Holding a crayon or pencil □Y □N □Comment:			Dog, Freedom)		
Holding a crayon or pencil	Concentration	WORLD	Serial 7's		
Staying focused on TV, movies, video games $\Box Y \Box N \Box Comment$:	Intellect	Name 5 Presidents	Distance from NY to		
Waiting for return to play ☐Y ☐N ☐Comment:	Abstract	Proverbe A drawning rest	LA:		
Knowing left and right \(\text{TY} \) \(\text{N} \) \(\text{Comment:} \)	Abstract Thinking	Proverbs – A drowning man will cultch at a straw, cats	Similarities (Table/Bookcase;		
Acting without thinking \(\subseteq \subseteq \text{N} \) \(\subseteq \text{Comment:} \) Dressing self \(\supseteq \subseteq \text{N} \) \(\subseteq \text{Comment:} \)	Timking	away, judge book by cover)	Plane/Car;		
Dressing self □ Y □ N □ Comment: Tying shoelaces □ Y □ N □ Comment:			Watch/Ruler)		
Accidentally knocking things over \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Insight				
	☐ Poor ☐ Impair Judgment	red ∐ Good			
	☐ Poor ☐ Impair	ed ∏ Good			

ψ Suicide Risk				
Sex (male)	☐ Past Attempt	☐ ↓ Support		□ 0-4 (low)
☐ Age (< 19, > 45)	□ EtOH	☐ Organized P	Plan	☐ 5-6 (medium) consider
☐ Depressed	☐ Rational Think Loss	☐ No spouse		hospitalization 7-10 (high) hospitalize or
Бергессе	- Radional Hilling 2000	·		commit
		☐ Sickness		
Access to Firearms: ☐ Y ☐ N ☐ If Ye	s, Comment:			
ψ Impression/DDx:			ψ Plan:	
is ayear-old □female □	☐male, presenting to the clinic c/o		Prescribed Medica	
P	reviously, they were presenting w/ the fo	ollowing issues:	☐Start ☐Continue	·
			☐Start ☐Continue	
Other Comments:			Start Continue	
Other Comments:			☐Start ☐Continue	
Positive Symptoms (Disease State):			Documents Reque	
	 		☐Evaluation/Consu	ult:
			☐Evaluation/Consu	ult:
Negative Symptoms (Protective Factor	ors):		☐ Evaluation/Const	ult: ult:
			Evaluation/Consu	ult:
<u> </u>				
O O			Labs Ordered:	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐ Vitamin D
Differential DDx:			☐ Vitamin B12 ☐	UA ☐ HgbA1c ☐ TB Gold ☐ HÍV 1 and 2 ☐ PTH
<u> </u>				TT Intact PT/INR Pregnancy Test TG Abx
			☐ IPO Abx ☐ DN	A for Fragile X Chromosomal MicroArray Other: Other: Other:
	<u> </u>			
Final DDx:			Studies/Diagnostic	cs: ain MRI (plain) ☐ EEG (routine) ☐ EEG w/ Precedex
│ □ □			☐Brain MRI w/ gad	☐ Sedation for Brain MRI ☐ X-Ray
D D			Other Studies:	Other Studies:
Implications/Conclusions:			Services Ordered:	
			ST OT PT	☐ ABA ☐Therapy ☐Other: Other:
			Referrals:	
			RTC:	and a Parame
			Other Notes:	weeks months
COUNSELING/EDUCATION TIME			Medical Billing/Su	perbill
	eemed medically necessary was discuss			emedicine 10 🔲 95 Telehealth Modifier
consultation. Over 50% of the duration of coordination of care.	of the patient's encounter was spent on	counseling and	□99202 □99203 □99212 □99213	⊔ээ∠∪4 ∐99215 ∏99214 ∏99215
			□90791 □90792	□90834 (38-52 min) □90837 (53+ min) □90832 (30-37 min)
I have personally reviewed it and verifie	ed its accuracy.			e: ☐ 90785 Interactive Complexity plogy with psychotherapy ☐90833 (30 min w/ EM)
				/ EM) □90838 (60 min w/ EM)
			`	
Provider NPI:	Date Signed:			
I TOVIDEL INI I.	IISC HUITIDGI.			

					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	S leep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe Ido Refer	sions aranoid eas of rence ontrol	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	□ Delus □ Pe □ Ide Refer □ □ Co □ Gr □ Gr □ Gr	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas,	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi □ Sc	sions aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid arandeur arandeur arandeur aranoid ar	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Suicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured)	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin □ Rashes □ Hot/Col. □ Moles Intolerance □ Itching □ Sweatin □ Irritation □ Polyuria □ Discoloration □ Polydip □ Negative □ Bleedin □ Negative □ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility	☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓			
□ was able to maintain focus to complete tasks	 □ Volume ↑ □ Volume ↓ □ Incoherent □Mumbled/Slurred □Pressured □ Stuttering □ Poverty of Language □Mute □Receptive Deficits 			
was typically unable to complete test due to distractibility				
displayed inconsistent focus and attention	☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: Thought Process			
Adaptability	☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial			
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit					☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Frimik 2000	·		commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	■ Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:	D		I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Committed C	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed: Date		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ Ionized Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION T				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) ☐ EEG (routine) ☐ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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: Date Signed				Other:	Other:
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: Date Signed					
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Lave personally reviewed it and verified its accuracy. + E/M Add-On Code: ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90833 (30 min w/ EM) ☐ 80836 (45 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Psychopharmacology with psychotherapy ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psyc		s padone oncounter was spent on	coancoming and	□99212 □99213	□99214 □99215
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	Provider NPI:	nse Number:			

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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	S leep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe Ido Refer	sions aranoid eas of rence ontrol	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	□ Delus □ Pe □ Ide Refer □ □ Co □ Gr □ Gr □ Gr	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas,	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi □ Sc	sions aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid arandeur arandeur arandeur aranoid ar	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Suicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured)	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin □ Rashes □ Hot/Col. □ Moles Intolerance □ Itching □ Sweatin □ Irritation □ Polyuria □ Discoloration □ Polydip □ Negative □ Bleedin □ Negative □ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility	☐ Articulate ☐ Coherent ☐ Fluent ☐ Spontaneous ☐ Rate ↑ ☐ Rate ↓			
□ was able to maintain focus to complete tasks	 □ Volume ↑ □ Volume ↓ □ Incoherent □Mumbled/Slurred □Pressured □ Stuttering □ Poverty of Language □Mute □Receptive Deficits 			
was typically unable to complete test due to distractibility				
displayed inconsistent focus and attention	☐ Expressive Deficits ☐ Pragmatic Deficits ☐ Other: Thought Process			
Adaptability	☐ Linear ☐ Goal Directed ☐ Slow ☐ Disorganized ☐ Circumstantial			
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit					☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Frimik 2000	·		commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	■ Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:	D		I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Committed C	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed: Date		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ Ionized Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION T				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) ☐ EEG (routine) ☐ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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: Date Signed				Other:	Other:
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: Date Signed					
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Provider NPI:nse Number:	D	Date Signed:			
	Provider NPI:	nse Number:			

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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin □ Rashes □ Hot/Col. □ Moles Intolerance □ Itching □ Sweatin □ Irritation □ Polyuria □ Discoloration □ Polydip □ Negative □ Bleedin □ Negative □ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	3
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e 🗆 Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	tonia Psychomotor Agita	ion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City		
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	stile Caim Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process			
Adaptability	☐ Linear ☐ Goal	Directed Slow Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [erailment 🗌 Flight o <u>f I</u> deas 🔲 P		
was highly flexible to changes situations		Clang Associations Impoveris	shed ☐Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t □ w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	W reactivity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \(\subseteq \subseteq \subseteq \) \(\subseteq \	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play □Y □N □Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats away, judge book by cover)	(Table/Bookcase; Plane/Car;	
Dressing self Y N Comment:		away, judge book by cover)	Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. / 4.0	
Acousticity who will go over the the the transfer the tra	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	od II Cood		
	☐ Poor ☐ Impaire	50 🗀 G000		

Sequent Sequ	ψ Suicide Risk				
Depressed Rational Thirk Loss No spouse Depression to Stories Plant Stories Plant Stories Plant	☐ Sex (male)	□ Past Attempt	□ ↓ Support		□ 0-4 (low)
Depressed Rational Trink Lose No spouse 27-10 (gigh) hospitalitie or control Soldness S					☐ 5-6 (medium) consider
Access to Fiscames. Y N	□ Depressed	☐ Rational Think Loss	□ No spouse		
Access to Freatmes Y N V N	Бергессе	- Raderial Hilling 2000			commit
V Plan:			Sickness		
Is ayear-old	Access to Firearms: ☐ Y ☐ N ☐ If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Start Confinue	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Start Confinue		reviously, they were presenting w/ the fo	llowing issues:	■ Start □Continue	
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinor Conclusions:	Other Comments:			I I ISIAILI IGUIIIIIUE	,
Documents Requested:	Other Comments.				;·
Negative Symptoms (Protective Factors): Cavaluation Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation Consult C		<u> </u>		☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors): CounselinGreducArion Time				I I IFvaluation/Const	ult:
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Fact	ors):			uit.
Labs Ordered: TSH with typic Panel Vitamin D Company Com	ln ' ' ` n	´		□Evaluation/Cons	ult:
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME Consultation of ancillary services deemed medically necessary was discussed during the consultation of care. Date Signed: Da	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragle X Chromosomal MicroArray					
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. Date Signed:	l H H			☐ Ionized Ca ☐ P	IA for Fragile X Chromosomal MicroArray
Ultrasound Brain MRI (plain) EEG (routine EEG w Precedex Brain MRI (plain) Brain MRI (plain) EEG w Precedex Brain MRI (plain) Brain MRI (pla				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Impl		<u>_</u>			
Implications/Conclusions: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
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. Medical Billing/Superbill				Other Studies:	Other Studies:
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□ Psychopharmacology with psychotherapy □ 90833 (30 min w/ EM) □ 80836 (45 min w/ EM) □ 90838 (60 min w/ EM) Date Signed:	Lhave personally reviewed it and verific	d its assuracy			
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Date Signed: Provider NPI:nse Number:					
Date Signed:					
Provider NPI:nse Number:		Date Signed:			
	Provider NPI:	nse Number:			

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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Ног	micide: Ideation Gestu					
-	pression_	Man		Psychosis -		<u>ciety</u>	PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms ≥ 1 weeks		symptoms	No Symptoms					
	≥ 2 weeks Depressed Mood						_			Function	
	Doprossed Mood			☐ ≥1 m		≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions			Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		Elevated,	Delus	sions	≥ 6 months Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Elevated, Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid leas of rence	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pa Identification Refer	sions aranoid leas of rence ontrol	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	☐ Delus ☐ Pa ☐ Id Refer ☐ Ca ☐ G	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	□ Delus □ Pe □ Id Refer □ □ Co □ Go □ Go	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas,	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	□ Delus □ Pa □ Id Refer □ Ca □ Ga □ Ga □ Sa □ Hallu (AN//)	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi □ Sc □ Hallu (AV//	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed	□ Delus □ Pa □ Id Refer □ Cc □ Gr □ Gr □ Hallu (AV/I □ Disor Spee		≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	□ Delus □ Pa □ Id Refer □ Cr □ Gr □ Gr □ Sc □ Hallu (AV/I) □ Disor Spee □ Nega	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Suicidal Ideations		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation	□ Delus □ Pa □ Id Refer □ Co □ Gr □ Sc □ Hallu (AV// □ Disor Spee □ Nega Symp □ aPatt	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured)	□ Delus □ Pa □ Id Refer □ Co □ Gr □ Sc □ Halluu (AVV) □ Disor Spee □ Nega Symp □ aPatt □ al	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions caranoid car	E 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Elevated, Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	≥ 6 months Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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 □ Eestasy □ LSD □ Inhalants □ Caffeine	Psychiatry ☐Records Requested ☐Records Reviewed Comments:	
□Cannabis □Rx Drugs (e.g.: Benzos, pain pills) Cut down (have you ever felt you should cut down) □ Y □ N □ Comments:	Psychology ☐Records Requested ☐Records Reviewed Comments:	☐ Clinical Psychology ☐ CBT ☐ Family Systems ☐ Substance/Drug ☐ Other
Allergies Food Allergies:	Therapies Records Requested Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□ Early Steps □ FLDRS □ Psycho-Educational Eval □ IEP □ 504 Accommodation Plan □ Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Wision Δ □ Diaphoresis □ Congestion □ Chest Pain □ Pharyngitis □ Negative	a Intercourse Stiffness
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm	ne Neuro Psych d Dizziness Depression c DLOC Anxiety g Seizures Memory Loss usia Tingling VH/AH g Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- Li Comments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- ☐Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Did not achieve or working on it - □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	3
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e 🗆 Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	tonia Psychomotor Agita	ion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City		
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	stile Caim Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process			
Adaptability	☐ Linear ☐ Goal	Directed Slow Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [erailment 🗌 Flight o <u>f I</u> deas 🔲 P		
was highly flexible to changes situations		Clang Associations Impoveris	shed ☐Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐ Head frequent mood swings ☐ was sad or lethargic ☐ was generally content ☐ was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t □ w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	W reactivity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \(\subseteq \subseteq \subseteq \) \(\subseteq \	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play □Y □N □Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats away, judge book by cover)	(Table/Bookcase; Plane/Car;	
Dressing self Y N Comment:		away, judge book by cover)	Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. / 4.0. // . 14.01 /	
Acousticity who will go over the the the transfer the tra	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	od II Cood		
	☐ Poor ☐ Impaire	50 🗀 G000		

Sequent Sequ	ψ Suicide Risk				
Depressed Rational Thirk Loss No spouse Depression to Stories Plant Stories Plant Stories Plant	☐ Sex (male)	□ Past Attempt	□ ↓ Support		□ 0-4 (low)
Depressed Rational Trink Lose No spouse 27-10 (gigh) hospitalitie or control Soldness S					☐ 5-6 (medium) consider
Access to Fiscames. Y N	□ Depressed	☐ Rational Think Loss	□ No spouse		
Access to Freatmes Y N V N	Бергессе	- Raderial Hilling 2000			commit
V Plan:			Sickness		
Is ayear-old	Access to Firearms: ☐ Y ☐ N ☐ If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Start Confinue	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Start Confinue		reviously, they were presenting w/ the fo	llowing issues:	■ Start □Continue	
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinor Conclusions:	Other Comments:			I I ISIAILI IGUIIIIIUE	,
Documents Requested:	Other Comments.				;·
Negative Symptoms (Protective Factors): Cavaluation Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation Consult C		<u> </u>		☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors): CounselinGreducArion Time				I I IFvaluation/Const	ult:
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Fact	ors):			uit.
Labs Ordered: TSH with typic Panel Vitamin D Company Com	ln ' ' ` n	´		□Evaluation/Cons	ult:
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME Consultation of ancillary services deemed medically necessary was discussed during the consultation of care. Date Signed: Da	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragle X Chromosomal MicroArray					
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. Date Signed:	l H H			☐ Ionized Ca ☐ P	IA for Fragile X Chromosomal MicroArray
Ultrasound Brain MRI (plain) EEG (routine EEG w Precedex Brain MRI (plain) Brain MRI (plain) EEG w Precedex Brain MRI (plain) Brain MRI (pla				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Impl		<u>_</u>			
Implications/Conclusions: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
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. Medical Billing/Superbill				Other Studies:	Other Studies:
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Have personally reviewed it and verified its accuracy. + E/M Add-On Code: □ 90785 Interactive Complexity □ Psychopharmacology with psychotherapy □ 90833 (30 min w/ EM) □ 80836 (45 min w/ EM) □ 90838 (60 min w/ EM) □ Date Signed: □ Date Signed: □ 90785 Interactive Complexity □ Psychopharmacology with psychotherapy □ 90838 (60 min w/ EM)		or the patient's encounter was spent on	Journsoning and	□99212 □99213	□99214 □99215
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					DOB:			Date:			
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HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Familia Historia	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ IONIZEG Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
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Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Familia Historia	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ IONIZEG Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION T				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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: Date Signed				Other:	Other:
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consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care. 99202 99203 99204 99205 99214 99215 99214 99215 90791 90792 90834 (38-52 min) 90837 (53+ min) 90832 (30-37 min) + E/M Add-On Code: 90785 Interactive Complexity Psychopharmacology with psychotherapy 90833 (30 min w/ EM) 80836 (45 min w/ EM) 90838 (60 min w/ EM)				•	•
Lave personally reviewed it and verified its accuracy. + E/M Add-On Code: ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90833 (30 min w/ EM) ☐ 80836 (45 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Psychopharmacology with psychotherapy ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psyc		s padone oncounter was spent on	coancoming and	□99212 □99213	□99214 □99215
□ Psychopharmacology with psychotherapy □ 90833 (30 min w/ EM) □ 80836 (45 min w/ EM) □ 90838 (60 min w/ EM) □ Date Signed: □	Lhave personally reviewed it and verific	d its accuracy			
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Date Signed:					
Provider NPI:nse Number:	D	Date Signed:			
	Provider NPI:	nse Number:			

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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe Ido Refer	sions aranoid eas of rence ontrol	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe I de Refer Co Gr	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas,	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi □ Sc	sions aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid arandeur arandeur arandeur aranoid ar	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Suicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured)	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
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Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ IONIZEG Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION T				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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: Date Signed				Other:	Other:
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: Date Signed					
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consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care. 99202 99203 99204 99205 99214 99215 99214 99215 90791 90792 90834 (38-52 min) 90837 (53+ min) 90832 (30-37 min) + E/M Add-On Code: 90785 Interactive Complexity Psychopharmacology with psychotherapy 90833 (30 min w/ EM) 80836 (45 min w/ EM) 90838 (60 min w/ EM)				•	•
Lave personally reviewed it and verified its accuracy. + E/M Add-On Code: ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90833 (30 min w/ EM) ☐ 80836 (45 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Psychopharmacology with psychotherapy ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psyc		s padone oncounter was spent on	coancoming and	□99212 □99213	□99214 □99215
□ Psychopharmacology with psychotherapy □ 90833 (30 min w/ EM) □ 80836 (45 min w/ EM) □ 90838 (60 min w/ EM) □ Date Signed: □	Lhave personally reviewed it and verific	d its accuracy			
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Date Signed: Provider NPI:nse Number:					
Date Signed:					
Provider NPI:nse Number:	D	Date Signed:			
	Provider NPI:	nse Number:			

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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe Ido Refer	sions aranoid eas of rence ontrol	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe I de Refer Co Gr	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas,	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi □ Sc	sions aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid arandeur arandeur arandeur aranoid ar	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Suicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured)	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Familia Historia	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working offit
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triinik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
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Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
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	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Familia Historia	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ IONIZEG Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
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Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Familia Historia	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ IONIZEG Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION T				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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: Date Signed				Other:	Other:
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: Date Signed					
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consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care. 99202 99203 99204 99205 99214 99215 99214 99215 90791 90792 90834 (38-52 min) 90837 (53+ min) 90832 (30-37 min) + E/M Add-On Code: 90785 Interactive Complexity Psychopharmacology with psychotherapy 90833 (30 min w/ EM) 80836 (45 min w/ EM) 90838 (60 min w/ EM)				•	•
Lave personally reviewed it and verified its accuracy. + E/M Add-On Code: ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90833 (30 min w/ EM) ☐ 80836 (45 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Psychopharmacology with psychotherapy ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psyc		s padone oncounter was spent on	coancoming and	□99212 □99213	□99214 □99215
□ Psychopharmacology with psychotherapy □ 90833 (30 min w/ EM) □ 80836 (45 min w/ EM) □ 90838 (60 min w/ EM) □ Date Signed: □	Lhave personally reviewed it and verific	d its accuracy			
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Date Signed: Provider NPI:nse Number:					
Date Signed:					
Provider NPI:nse Number:	D	Date Signed:			
	Provider NPI:	nse Number:			

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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe Ido Refer	sions aranoid eas of rence ontrol	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe I de Refer Co Gr	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas,	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi □ Sc	sions aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid arandeur arandeur arandeur aranoid ar	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Suicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured)	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
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TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
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Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
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	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ IONIZEG Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
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Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
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	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Famili, Hatam	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □ Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working off it
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triiiik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
Positive Symptoms (Disease State): Counselinos Symptoms (Protective Factors):	Other Comments:			I I ISIAILI IGUIIIIIUE	;
Documents Requested:	Other Comments.				; .
Negative Symptoms (Protective Factors): Cavaluation(Consult C		П			
Negative Symptoms (Protective Factors): Cavaluation(Consult C				☐Evaluation/Const	ult: .
Negative Symptoms (Protective Factors):				I I IFvaluation/Const	ult·
Labs Ordered: Labs Ordered	Negative Symptoms (Protective Factor	ors):			uiti .
Labs Ordered: TSH with typic Panel Vitamin D Color Panel P	ln	´		□Evaluation/Cons	ult:
Differential DDx: Counseling/Education 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. Date Signed: Date Signed	│ ├─── ├───			Labs Ordered:	
COUNSELING/EDUCATION TIME Coordination of ancillary services deemed medically necessary was discussed during the coordination of care. Date Signed:		⊔		□CMP □CBC w/	plat ☐ Lipid Panel ☐ TSH w/ thyroid Panel ☐Vitamin D
TPO Abx DNA for Fragile X Chromosomal MicroArray Other: Others Other Studies Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other Studies: Other:					
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. Date Signed: Date S	l H H			☐ IONIZEG Ca ☐ P	IA for Fragile X □ Chromosomal MicroArray
COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION TIME COUNSELING/EDUCATION T				☐ Other:	Other: Other:
Implications/Conclusions: Implications: Implications/Conclusions: Implications		_			
Implications/Conclusions: Other Studies: Other: Ot	│ ├─── ├──			☐Ultrasound ☐Bra	ain MRI (plain) □ EEG (routine) □ EEG w/ Precedex
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill				Other Studies:	Other Studies:
COUNSELING/EDUCATION TIME Consultation 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. Medical Billing/Superbill	Implications/Conclusions:			Services Ordered:	
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. Medical Billing/Superbill	implications/conclusions.			☐ ST ☐ OT ☐ PT	「
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: Date Signed				Other:	Other:
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: Date Signed					
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consultation. Over 50% of the duration of the patient's encounter was spent on counseling and coordination of care. 99202 99203 99204 99205 99214 99215 99214 99215 90791 90792 90834 (38-52 min) 90837 (53+ min) 90832 (30-37 min) + E/M Add-On Code: 90785 Interactive Complexity Psychopharmacology with psychotherapy 90833 (30 min w/ EM) 80836 (45 min w/ EM) 90838 (60 min w/ EM)				•	•
Lave personally reviewed it and verified its accuracy. + E/M Add-On Code: ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90833 (30 min w/ EM) ☐ 80836 (45 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Date Signed: ☐ Psychopharmacology with psychotherapy ☐ 90785 Interactive Complexity ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psychotherapy ☐ 90838 (60 min w/ EM) ☐ Psychopharmacology with psyc		s padone oncounter was spent on	coancoming and	□99212 □99213	□99214 □99215
□ Psychopharmacology with psychotherapy □ 90833 (30 min w/ EM) □ 80836 (45 min w/ EM) □ 90838 (60 min w/ EM) □ Date Signed: □	Lhave personally reviewed it and verific	d its accuracy			
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Date Signed: Provider NPI:nse Number:					
Date Signed:					
Provider NPI:nse Number:	D	Date Signed:			
	Provider NPI:	nse Number:			

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					DOB:			Date:			
CC: (pa	atient's words)										
HPI:							(timeframe, trigger	s, recent tree	atment changes)	
Suicide	:	□Plan [Forward Thinking		Hor	nicide: Ideation Gestu					
	pression_	Man		Psychosis	Anx		PTSD	No Symptoms		Unable to	
	No Symptoms		No Symptoms		ymptoms	No Symptoms					
	≥ 2 weeks Depressed Mood		≥ 1 weeks			> 0 th				Function	
	Depressed Mood		Flevated		nonth	≥ 6 months		Trauma Threatened		Dissociative	
	Sleep ↑ or ↓		Elevated, Expansive, Irritable	☐ Delus	sions 🗆	≥ 6 months Worry Anxiety		Trauma			
	Sleep ↑ or ↓ Interest/Pleasure		The state of the s	☐ Delus	sions 🗆	Worry		Trauma Threatened Death/Injury Sexual Violence		Dissociative Amnesia	
	Interest/Pleasure ↓ (anhedonia)		Expansive, Irritable Mood Distractible-attn to	Delus	sions aranoid eas of arence	Worry Anxiety Tension in muscles Concentration Deficit		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt,	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe Ido Refer	sions aranoid eas of rence ontrol	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia	Delus Pe I de Refer Co G G	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability		Trauma Threatened Death/Injury Sexual Violence Re-Experience		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli	Delus Pe I de Refer Co Gr	sions aranoid arano	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear)	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas,	□ Delus □ Pe □ Id Refer □ Cc □ Gi □ Gi □ Sc	sions aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid aranoid arandeur arandeur arandeur aranoid ar	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability	
0	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Suicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured)	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus Pe Pe Pe Pe Pe Pe Pe P	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-
	Interest/Pleasure ↓ (anhedonia) Guilt/Feelings of Worthlessness Energy ↓ Fatigue Concentration Deficit Appetite/Weight ↑ or ↓ Psychomotor ↑ or ↓ Suicidal Ideations Homicidal Ideations		Expansive, Irritable Mood Distractible-attn to irrelevant stimuli Insomnia Impulsive Behavior Grandiosity Flight of Ideas, Racing Thoughts Activity ↑ goal directed Agitation Speech (pressured) Thoughtlessness	Delus	sions	Worry Anxiety Tension in muscles Concentration Deficit Hyperarousal or Irritability Energy Loss or Fatigue Restlessness Sleep Disturbances Panic Attacks Physical Symptoms: OCD Recurrent, Persistent Thoughts/Images Repetitive Behavior		Trauma Threatened Death/Injury Sexual Violence Re-Experience Intrusive Thoughts/Image Nightmares Flashbacks Triggers Avoidance Thoughts or Conversations Activities/Places Memories		Dissociative Amnesia Anhedonia Negative feelings (guilt, horror, fear) Month or more ≥ 1 months Arousal Increased Hypervigilance Insomnia Irritability Anger Outbursts ↓ Concentration ↑ Vigilance Startle	-

	Outpatient Treatment	
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	Psychiatry Records Requested Records Reviewed Comments:	☐ Med Management ☐ PMHNP Services ☐ Group ☐ Individual ☐ Other
□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	Psychology ☐ Records Requested ☐ Records Reviewed Comments:	□Clinical Psychology □CBT □Family Systems □Substance/Drug □Other
Allergies Food Allergies:	Therapies □ Records Requested □ Records Reviewed Comments:	□ST □OT □PT □ABA □Feeding □Other:
Social Hx Single Never Married Domestic Relationship Married Divorced Widowed	Other Records Requested Records Reviewed Comments:	□Early Steps □FLDRS □Psycho-Educational Eval □IEP □504 Accommodation Plan □Comprehensive Dev Eval
Health Risk Behavior Tobacco	ψ Meds Name Start Date	Dosage Compliance/Comments
Ca2+ Total		
ψ Vital Signs	ψ ROS HEENT Cardio	GU MSK
□ Unable to take vital signs due to telemedicine limitations □ Patient did not cooperate □ Height □ □ Iniches □ 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	□ Headache □ Palpitations □ Hearing Δ □ Tachycardia □ Vision Δ □ Diaphoresis □ Vertigo □ Orthopnea □ Congestion □ Edema □ Pharyngitis □ Chest Pain □ Negative □ Negative	
ψ Review of Systems GI Urinary General Resp GI Urinary Weight Gain □Cough □Vomiting □Frequency □Weight Loss □Hemoptysis □Diarrhea □Urgency □Fatigue □Dyspnea □Constipation □Pain □Fever □Wheezing □Bleeding □Burning □Chills □ Pleuritic Pain □Abd. Pain □Hematuria □Negative □Negative □Negative	Derm Endocrin ☐ Rashes ☐ Hot/Col. ☐ Moles Intolerance ☐ Itching ☐ Sweatin ☐ Irritation ☐ Polyuria ☐ Discoloration ☐ Polydip ☐ Negative ☐ Bleedin ☐ Negative ☐ Negativ	e Neuro Psych Dizziness Depression LOC Anxiety Seizures Memory Numbness Loss Tingling VH/AH Tremor Delusions

Comments:	
ni Familia Historia	n Davidanni antal Historia (Badistali - Badistali
ψ Family History Conditions Comments	ψ Developmental History (Pediatric Patients) 6-12 Months
□ ADHD	**Motor Skills**
□ADHD	- □Rolls over (4-6 months)
Developmental Delay	- ☐Met earlier than expected range
Migraines	- Met at expected developmental age range
Cerebral Palsy	- Did not achieve or working on it - Comments:
Tic Disorder	- LiComments:
Seizure Disorders	- ☐Sits without support (6-9 months)
☐ Febrile Convulsions ☐ Cerebral Malformations	- Met earlier than expected range
Autism Spectrum Disorder	- ☐Met at expected developmental age range
Neurocutaneous Disorders	- □Did not achieve or working on it
Movement Disorders	- Comments:
Deafness	- □Crawls (6-10 months)
Macrocephaly	- Met earlier than expected range
☐ Prolonged QT Syndrome ☐ Sudden Early Death	- ☐Met at expected developmental age range
Schizophrenia	- □Did not achieve or working on it
Bipolar Disorder	- Comments:
FHx Anxiety	DDulla to stand (0.40 months)
☐FHx Depression	- □Pulls to stand (9-12 months) - □Met earlier than expected range
FHx Substance Use	- ☐Met at expected developmental age range
□FHx SI, HI □FHx Self-Harm	- Did not achieve or working on it
☐FIIA OCII-IIIIII	- Comments:
w Developmental History (Complete if Pediatric Patient. If Adult Leave Blank)	**Fine Motor Skills**
0-6 Months	- Transfers objects between hands (6-8 months)
Motor Skills	- Met earlier than expected range
- ☐ Holds head up steadily (2-4 months)	-
- ☐Met earlier than expected range	- Comments:
- ☐Met at expected developmental age range	- Commente.
- □Did not achieve or working on it	- □Uses pincer grasp (thumb and index finger) (8-10 months)
- Comments: **Fine Motor Skills**	- ☐Met earlier than expected range
- □ Grasps objects (3-4 months)	- ☐Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it - Comments:
- ☐Met at expected developmental age range	**Speech and Language**
- □Did not achieve or working on it	- Responds to name (6-9 months)
- Comments:	- ☐Met earlier than expected range
Speech and Language	- ☐Met at expected developmental age range
- Coos and babbles (2-4 months)	- □Did not achieve or working on it
- □Met earlier than expected range - □Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	- □Says first words (10-14 months)
- Comments:	- Met earlier than expected range
Motor Skills	- ☐Met at expected developmental age range
- Holds head up steadily (2-4 months)	- □Did not achieve or working on it
- Met earlier than expected range	- Comments:
- □Met at expected developmental age range - □Did not achieve or working on it	**Cognitive Skills**
- □Comments:	- ☐Finds hidden objects (6-12 months) - ☐Met earlier than expected range
Fine Motor Skills	- ☐Met at expected developmental age range
- □Grasps objects (3-4 months)	- □ Did not achieve or working on it
- ☐Met earlier than expected range	- Comments:
- Met at expected developmental age range	**Social and Emotional**
- □Did not achieve or working on it - □Comments:	- Enjoys playing with others (6-9 months)
- UComments: **Speech and Language**	- Met earlier than expected range
- □Coos and babbles (2-4 months)	-
- □Met earlier than expected range	- Dod not achieve of working offit
- ☐Met at expected developmental age range	
- □Did not achieve or working on it	- □Shows stranger anxiety (8-12 months)
- Comments:	- ☐Met earlier than expected range
Cognitive Skills - □Explores objects with hands and mouth (4-6 months)	- Met at expected developmental age range
- ☐ Met earlier than expected range	- Did not achieve or working on it
- ☐Met at expected developmental age range	- Comments:
- □Did not achieve or working on it	12-24 Months
- □Comments:	**Motor Skills**
Social and Emotional	- □Walks independently (12-15 months)
- Smiles at people (2-3 months)	- ☐Met earlier than expected range
- □Met earlier than expected range - □Met at expected developmental age range	- Met at expected developmental age range
- □ Did not achieve or working on it	- Did not achieve or working on it - Comments:
- Comments:	- □Comments: - □Runs (18-24 months)
	- Met earlier than expected range
	- ☐Met at expected developmental age range
	. — 1

		ot achieve or working on it		
	- Comm	ienis: History (Pediatric Patients)		
ψ Developmental History (Pediatric Patients)				
Toilet Trained	Differential Behav □Fidgets, is easily	nors / distracted, has a hard time sta	ving seated, has difficulty w	aiting
Toilet Trained □unknown □not achieved	his/her turn		,g,,	
before 2 years of age (early)		ly, interrupts often, does not liste	en	
at 2 to 3 years of age (average)	Low energy/fation			
over 4 years of age (delayed)	☐Poor concentrati			
Proceeds of the bottom from the standard	Difficulty comple			
Dressed self, including front fastenings □unknown □ not achieved	☐Difficulty following			
before 4 years of age (early)	☐Immature compa			
at 4 to 4.5 years of age (average)		sically dangerous activity		
□over 4.5 years of age (delayed)	Often argumenta	ative with adults efiant without requests or rules		
Behavior in Infoncy Present to a Cignificant Pages	☐Blames others fo			
Behavior in Infancy Present to a Significant Degree Did not enjoy cuddling	☐Often angry and			
☐Was not easily calmed by being held or stroked		ints of not feeling well		
□ Difficult to comfort	☐Excessive frustra	ated		
Colicky	□Lies □Steals			
Excessive irritability	☐ Aggressive towa	irds peers		
□Diminished sleep □Frequent head banging	☐Aggressive towa			
Difficulty nursing	☐Often depressed	d/irritable		
□Did not turn towards caregivers	ψ MSE			
□Poor eye contact	'			
□Did not respond to name □Did not respond to speech of caregivers	Appearance	_		
☐ Fascination with certain objects		Disheveled Normal Eye Cor		
Constantly into everything	☐ Malnourished	ig □Poor Hygiene □Stated Ag	e Li Younger or Older	
	Behavior (Motor)			
Child's Early Temperament		or	onia Psychomotor Agita	tion
Activity Level	☐Dystonia ☐Slov	ving		
normal	Attitude	In an arrange time of Country of City	-4il-	
☐ low levels of activity	☐Suspicious ☐W	Jncooperative □Guarded □Ho ithdrawn	istile 🗆 Caim 🗀 Apathic	
high levels of activity extremely	Speech	.u.u.u		
☐ high levels of activity Distractibility		herent □Fluent □Spontaneous		
□ was able to maintain focus to complete tasks		olume ↓ ☐ Incoherent ☐ Mumb		
was typically unable to complete test due to distractibility		overty of Language		
displayed inconsistent focus and attention	Thought Process		.ner	
Adaptability		Directed ☐ Slow ☐ Disorganiz	ed Circumstantial	
□cried and got very upset during transitions/changes □adapted to changes interventions normally [☐Tangential ☐De	erailment 🗌 Flight of Ideas 🔲 P	erseveration	
□ was highly flexible to changes situations		Clang Associations Impoveris	shed Blocked Thoughts	
Approach/Withdrawal	Thought Content	ions Neologisms		
Displayed high levels of fear and emotion when faced with new challenges	□ Normal □SI □	HI □Grandiose □ Delusions	☐ Paranoia ☐Thought Bro	adcasting
☐ Responded well to new things ☐ Thrived in new situations	☐ Obsessions ☐	Thought Insertion/Deletion	· ·	· ·
Intensity	☐ Phobias:			
□Extreme tantrums	Perceptual Distur	bances ssociations:		
□average/normal displays of affection	Mood	SSOCIATIONS.		
☐ flat affect ☐ mild tantrum		evated Depressed Irritable	" (in patient's words).	
Mood		evated 🗌 Depressed 🔲 Irritable	e 🗌 Anxious	
☐Head frequent mood swings ☐was sad or lethargic ☐was generally content ☐was	Affect	☐ Constricted ☐ Blunted ☐ Fla	t D w/ reactivity	
generally happy	☐ Tearful ☐ w/ in	appropriate laughter	t □ W/ TodottVity	
Regularity ☐unpredictable ☐predictable ☐very predictable	LOC			
Child's Early Temperament (through age 5) More Difficulty than Other Children His/Her		☐ Disoriented ☐ Lethargic ☐	Obtunded Stupor	
Age	☐ Comatose			
Sitting still at mealtime \(\text{Y} \) \(\text{N} \) \(\text{Comment:} \)	Orientation	Date, Season, Day, Hosp,		
Paying attention when read to □Y □N □Comment: Throwing a ball □Y □N □Comment:		City		
Catching a ball \square \square \square \square Comment:	Memory	Register Objects:/3	Recall Objects at 5	
Buttoning and zipping □Y □N □Comment:	1		min:/3 (Apple, Dog, Freedom)	
Holding a crayon or pencil Y N Comment:	Concentration	WORLD	Serial 7's	
Accidentally dropping things □Y □N □Comment: Staying focused on TV, movies, video games □Y □N □Comment:	Intellect	Name 5 Presidents	Distance from NY to	
Waiting for return to play ☐Y ☐N ☐Comment:			LA:	
Knowing left and right ☐Y ☐N ☐Comment:	Abstract	Proverbs – A drowning man	Similarities	
Acting without thinking ☐Y ☐N ☐Comment:	Thinking	will cultch at a straw, cats	(Table/Bookcase;	
Dressing self Y Comment:		away, judge book by cover)	Plane/Car; Watch/Ruler)	
Tying shoelaces ☐Y ☐N ☐Comment: Accidentally knocking things over ☐Y ☐N ☐Comment:	Insight		. vatoriji talorj	
Accidentally knocking tillings over 11 114 1100Hillient.	☐ Poor ☐ Impaire	ed 🗌 Good		
	Judgment	-d 🗆 0d		
	☐ Poor ☐ Impaire	a 🗀 6000		

Sequent Sequ	ψ Suicide Risk				
Operation Oper	☐ Sex (male)	☐ Past Attempt	□ ↓ Support		□ 0-4 (low)
Redireal Trink Loss No spouse 7-10 (right) hospitalities or commit				lan	☐ 5-6 (medium) consider
Access to Freatms: V N	□ Depressed	☐ Rational Think Loss	□ No snouse		
Access to Finants: Y N V N	Бергессей	- Hadenar Triinik 2000			commit
Value Prescribed Medications Previously, they were presenting to the following issues Previously they were presenting with the following issues Previously they were previously they were previously the following issues Previously they were previously they are previously the previously the previously they are previously they are previous			Sickness		
State Continue C	Access to Firearms: Y N If Yes	s, Comment:			
Previously, they were presenting withe following issues:	ψ Impression/DDx:			ψ Plan:	
Other Comments: Stat	is ayear-old □female □	male, presenting to the clinic c/o			
Other Comments: Stat	 	reviously, they were presenting w/ the fo	llowing issues:	I □Start □Continue	a
Stat Continue				I I ISTART I ICONTINUE	
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