## Medication Management with Psychotherapy Progress Note

Client Name:		Date of Service:	
Length of Session:	E/M Code:	Diagnosis:	
Present at session (if others present, list name(s) and relationship to client):  □ Client Present □ Others Present: □ Client No Showed/Cancelled			
Significant Changes in Client's Condition			
☐ No significant change from last visit			
☐ Mood/Affect			
☐ Thought Process/Orientation			
☐ Behavior/Functioning			
☐ Substance Use			
☐ Physical Health Issues			
☐ Other			
DANGER to:	<u> </u>		
☐ Self ☐ Others ☐ Property ☐ N			
Specifics regarding risk assessment (include safety planning, reports made, etc.):			
Evaluation Management: (include required number of elements based on E/M billed):			
History:			
Examination:			
Examination.			
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Current Medication(s)/Medication Change(s)			
☐ Refills			
□ No side effects or adverse reactions noted or reported			

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Medical Decision Making:			
Lab Tests :			
☐ Ordered ☐ Reviewed			
Describe:			
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Psychotherapy:			
Time spent on psychotherapy services <b>only</b> :			
Add-on CPT code			
Intervention(s): (check each topic discussed and describe below):			
☐ Diagnostic results/impressions and/or recommended	☐ Importance of compliance with chosen treatment		
studies	options		
☐ Risks and benefits of treatment options	☐ Risk Factor Reduction		
☐ Instruction for management/treatment and/or follow-up	☐ Patient/Family/Caregiver Education		
□ Prognosis	Other:		
Description:			
Additional Information (response to intervention, recommendations/referrals:)			
The state of the s			
Follow-up Appointment:			
Provider Signature & Credentials (if signature illegible, include printed name):  Date of Signature:			