



Medication Management with Psychotherapy Progress Note

Client Name:	
Date of Service:	Length of Session:
E/M Code:	Diagnosis/ICD Code:
Present at Session	
<input type="checkbox"/> Client Present <input type="checkbox"/> Client No showed/Cancelled <input type="checkbox"/> Others Present, List name(s) and relationship to client:	
Significant Changes in Client's Condition	
<input type="checkbox"/> No significant change from last visit <input type="checkbox"/> Mood/Affect <input type="checkbox"/> Thought Process/Orientation <input type="checkbox"/> Behavior/Functioning <input type="checkbox"/> Substance Use <input type="checkbox"/> Physical Health Issues <input type="checkbox"/> Other, Explain:	
Danger to:	
<input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> Property <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Means <input type="checkbox"/> Attempt	
Specifics Regarding Risk Assessment	
(Include safety planning, reports made, etc.)	
Evaluation Management (Include required number of elements based on E/M billed):	
History:	
Examination:	
Current medication(s)/medication change(s):	
<input type="checkbox"/> Refills <input type="checkbox"/> No side effects or adverse reactions noted or reported	

Medical Decision Making:

Lab Tests:

- Ordered
 - Reviewed
- Describe:

Psychotherapy:

Time spent on psychotherapy services **only**:

Add-on CPT code:

Interventions (Check each topic discussed and describe below):

- | | |
|--|---|
| <input type="checkbox"/> Diagnostic results/impressions and/or recommended studies | <input type="checkbox"/> Importance of compliance with chosen treatment options |
| <input type="checkbox"/> Risks and benefits of treatment options | <input type="checkbox"/> Risk factor reduction |
| <input type="checkbox"/> Instruction for management/treatment and/or follow-up | <input type="checkbox"/> Patient/family/caregiver education |
| <input type="checkbox"/> Prognosis | <input type="checkbox"/> Other, please explain |

Description:

Recommendations and/or Referrals

Follow-up Appointment:

Provider Information

Provider Signature & Credentials (if signature illegible, include printed name):

Date of Signature: