

TM-ANXIETY/DEPRESSION INITIAL VISIT (100250)

Category: Psychiatric

Scheduled appt type: _____

CC Concerns about anxiety or depression
HPI Summary of concerning behaviors: Family History of anxiety/depression:
freeform ROS _____

Structured ROS

Structured exam

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Adjustment disorder with mixed anxiety and depressed mood(F43.23)
Assessment:	_____
	History reviewed and exam with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed diagnosis/concerns with patient/family Spent the following minutes virtual face-to-face with patient/parent(s) discussing current progress and plan of care: Total time of virtual visit: If provided/available discussed completed/scored/reviewed risk assessment surveys with parent and/or patient Discussed legal implications/regulations of

Plan:	confidentiality for mental health concerns if appropriate No suicidal thoughts or ideations at present but discussed need for continued closed observation and how/where to seek emergent help if indicated Discussed consideration to psychologist/counselor involvement and appropriate referrals made if indicated Discussed when/if referral to psychiatrist is warranted and appropriate referrals made if indicated Disc considerations to appropriate therapies including counseling and medication Suggested or agreed to following treatment modalities: Educational information provided to patient/family regarding diagnosis, treatment considerations and/or side effects provided as appropriate Community and web-based resources provided to patient/family as appropriate Again stressed need to contact office immediately if any concerns about suicidal thoughts or self-harm. Discussed under what circumstances a face-to-face office visit would be appropriate Recheck in office/Telehealth visit:
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
