

TM-ANXIETY RECHCECK (100249)

Category: Psychiatric

Scheduled appt type: _____

CC anxiety follow up and med check

HPI Impression of progress:

freeform ROS _____

Structured ROS

Pert: not sleeping well	_____
Denies: fatigue	_____
Pert: weight loss or gain	_____
Pert: malaise	_____
Denies: headache	_____
Denies: change in visual acuity	_____
Denies: sore throat	_____
Denies: dry mouth	_____
Denies: dizziness	_____
Denies: feeling dizzy during exercise	_____
Pert: palpitations	_____
Denies: chest pain	_____
Denies: feeling of cold sweats, shakiness, weakness	_____
Denies: nausea	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: localized abdominal pain	_____
Denies: heartburn	_____
Denies: diffused abdominal pain	_____
Pert: decreased appetite	_____
Denies: muscle aches (myalgias)	_____
Denies: rashes or dry skin	_____
Denies: easy bruising	_____
Denies: double vision	_____

Denies: headaches increasing in severity or frequency	_____
Denies: sense of worthlessness	_____
Pert: difficulty sleeping	_____
Pert: feeling sad	_____
Pert: feeling listless, lethargic	_____
Denies: feelings of elation	_____
Pert: agitation	_____
Pert: suicidal thoughts	_____
Pert: suicidal ideations	_____
Pert: feeling overwhelmed	_____
Pert: having panic episodes	_____

Structured exam

Pert: general appearance: alert, pleasant, not ill appearing, no distress	_____
Pert: conjunctivae & lids: pink & moist	, no pallor or icterus (asked patient/parent to pull down lower eyelids to assess sclera and conjunctiva which was observed via video connection)
Pert: respiratory effort: no retractions, no tachypnea	, also no audible grunting or other indication for increased work of breathing
Pert: extremities: no edema, brisk capillary refill	, with cooperation of patient/parent through video visualization of good perfusion with brisk capillary refill confirmed (asking patient/parent to demonstrate)
Pert: inspection (includes subcutaneous tissue): no rash	, no rash, no petechiae or bruising or other markings of skin
Pert: mood & affect	_____

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Anxiety disorder, unspecified(F41.9)
Assessment:	_____
	History reviewed and exam with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Spent the following minutes virtual face-to-face with patient/parent(s) discussing

Plan:	current progress and plan of care: Total time of virtual visit: Discussed anxiety and progress with patient and family No suicidal thoughts or ideations on medication Overall impression on how things are going: Disc medication side effects: 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: Follow up with psychologist:
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
