

TM-DEPRESSION RECHECK (100251)

Category: Psychiatric

Scheduled appt type: _____

CC depression follow-up and med check
HPI Reviewed involvement with other mental health professionals/counselors with patient/family: Reviewed medications with patient/family:
freeform
ROS _____

Structured ROS

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

Denies: easy bruising	<input type="text"/>
Pert: cutting/self-harm markings	<input type="text"/>
Denies: double vision	<input type="text"/>
Denies: headaches increasing in severity or frequency	<input type="text"/>
Denies: experiencing visions or hearing voices	<input type="text"/>
Denies: sense of worthlessness	<input type="text"/>
Pert: feeling sad	<input type="text"/>
Denies: decreased interest in social activities and hobbies that used to be pleasurable	<input type="text"/>
Pert: feeling listless, lethargic	<input type="text"/>
Denies: racing thoughts	<input type="text"/>
Denies: feelings of elation	<input type="text"/>
Denies: impulsivity	<input type="text"/>
Denies: feeling that people are out to get you	<input type="text"/>
Pert: agitation	<input type="text"/>
Pert: suicidal thoughts	<input type="text"/>
Pert: suicidal ideations	<input type="text"/>
Pert: feeling overwhelmed	<input type="text"/>
Pert: having panic episodes	<input type="text"/>

Structured exam

Pert: general appearance: alert, pleasant, not ill appearing, no distress	<input type="text"/>
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	<input type="text"/>

Remaining template documentation elements

Counseling:	<input type="text"/>
Coordination of Care:	<input type="text"/>
Diagnosis:	Major depressive disorder, single episode,

	unspecified(F32.9)
Assessment:	
Plan:	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 current progress and plan of care: Total time of virtual visit: Discussed depression and progress with patient and family No suicidal thoughts or ideations 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. Medications renewed if appropriate and other treatment modalities discussed Provided additional community and web-based resources to family/patient as indicated 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
