

# ANXIETY INITIAL (03/22) (101472)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: \_\_\_\_\_

**CC** Concerns of Anxiety

Summary of concerning behaviors: Symptoms occurring more days than not over a period of at least 6 months? Family History of anxiety/depression: Recent changes in friendships / relationships? Recent changes in family health history: Has anything recently "bad / sad / glad" happened in/to family? Decrease in social interactions/desire: Feeling overwhelmed? **SCHOOL HISTORY** Grade and school: Academic performance: Any special services: Problems with attendance: **COUNSELING**: Has patient been in any counseling (Y/N): Type of treatment / effectiveness **ACTIVITIES OF DAILY LIVING**: **SLEEP**: **EXERCISE**: **SCREEN TIME**:

**HPI**

**freeform**

**ROS** \_\_\_\_\_

**Structured ROS**

**Structured exam**

Pert: mood & affect	<input type="checkbox"/>
NL: orientation to time, place & person	<input type="checkbox"/>
Pert: judgment & insight	<input type="checkbox"/>
NL: age appropriate social/language interaction	<input type="checkbox"/>
NL: auscultation of heart: regular rate & rhythm, no murmur	<input type="checkbox"/>
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	<input type="checkbox"/>
NL: pupils & irises: PERRLA	<input type="checkbox"/>
Pert: activity level: responsive & interested in environment	<input type="checkbox"/>
Pert: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>
Pert: speech rate, volume, articulation and coherence	<input type="checkbox"/>
Pert: concentration	<input type="checkbox"/>
NL: inspection (includes subcutaneous tissue): no rash	<input type="checkbox"/>
NL: abdomen: soft, nontender/nondistended, normal bowel sounds, no mass	<input type="checkbox"/>
NL: thyroid: no enlargement or mass	<input type="checkbox"/>
NL: neck: supple, trachea midline, no masses or significant adenopathy	<input type="checkbox"/>

**Remaining template documentation elements**

<b>Counseling:</b>	Surveys PHQ SCARED (Child) SCARED (Parent) GAD-7 As applicable, confidential questions with patient: 1. Substance abuse: 2. Self-harm / cutting behaviors: 3. Gender identity or sexual orientation concerns: 4. Risky sexual behaviors: 5. Social / social media stresses: 6. Sexual or physical abuse: 7. Stresses at home or school:
<b>Coordination of Care:</b>	_____
<b>Diagnosis:</b>	Generalized anxiety disorder(F41.1)
<b>Assessment:</b>	Generalized anxiety disorder
<b>Plan:</b>	Discussed diagnosis/concerns with patient/family If provided/available discussed completed/scored/reviewed risk assessment surveys with parent and/or patient Discussed legal implications/regulations of 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 As counseling and therapy are important components of treatment of anxiety, 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 Discussed 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  
Stressed a healthy lifestyle, including healthy diet, enough sleep, exercise, and positive social interactions with others.  
Limit screen time and social media use. Encourage open communication. Again stressed need to contact office immediately if any concerns about suicidal thoughts or self-harm. Recheck in office:

**Patient Instructions:**

--

**Remaining workflow elements**

**Procedures**

---

**Orders**

---