

# ANXIETY FOLLOW-UP (03/22) (101470)

Category: **TEMPLATES TO RELEASE**

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

**CC** Anxiety follow up and treatment check  
**HPI** Impression of progress: Therapy: Current medication and self-assessment of effectiveness / side effects:  
**freeform**  
**ROS** \_\_\_\_\_

## Structured ROS

## Structured exam

Pert: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>
NL: respiratory effort: no retractions, no tachypnea	<input type="checkbox"/>
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	<input type="checkbox"/>
NL: palpation of heart: PMI nondisplaced	<input type="checkbox"/>
NL: auscultation of heart: regular rate & rhythm, no murmur	<input type="checkbox"/>
NL: inspection (includes subcutaneous tissue): no rash	<input type="checkbox"/>
NL: cranial nerves	<input type="checkbox"/>
NL: age appropriate gait & coordination on observation	<input type="checkbox"/>
Pert: mood & affect	<input type="checkbox"/>
NL: orientation to time, place & person	<input type="checkbox"/>
Pert: judgment & insight	<input type="checkbox"/>

## Remaining template documentation elements

<b>Counseling:</b>	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
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	home or school:
<b>Coordination of Care:</b>	
<b>Diagnosis:</b>	Encounter for other specified aftercare(Z51.89)
<b>Assessment:</b>	
<b>Plan:</b>	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. Recheck in office: Follow up with mental health provider:
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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