

CONDUCT DISORDER (03/22) (101490)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: _____

CC _____

Onset of symptoms: Description of repetitive and persistent patterns of behavior where the rights of others or societal rules/norms are violated include: Aggression? Destruction of property? Theft? History of learning disability (Y/N): History of

HPI

ADHD (Y/N): History of depression (Y/N): Family history of mental illness (Y/N): Family history of alcohol or substance abuse (Y/N): Family stressors (financial, frequent moves, marital conflict, criminal history): Social stressors (child involvement in gang, history of bullying behaviors, social media followings / postings)

freeform

ROS _____

Structured ROS

Pert: bullying	_____
Pert: in trouble at school or with the law	_____
Reports: Concerns with behavior	_____
Pert: difficulty getting along with family or friends	_____
Pert: fidgety or restless	_____
Pert: impulsivity	_____
Pert: racing thoughts	_____
Pert: tremors	_____
Pert: change in language, academic or work performance	_____
Pert: high stress levels	_____
Pert: exposure to abuse or domestic violence	_____

Structured exam

Pert: concentration	_____
Pert: mood & affect	_____
NL: orientation to time, place & person	_____
Pert: judgment & insight	_____
Pert: inspection (includes subcutaneous tissue): no rash	_____

NL: auscultation of heart: regular rate & rhythm, no murmur	
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	
NL: thyroid: no enlargement or mass	
NL: neck: supple, trachea midline, no masses or significant adenopathy	
NL: pupils & irises: PERRLA	
Pert: parent-child interactions	
Pert: activity level: responsive & interested in environment	
NL: general appearance: alert, pleasant, not ill appearing, no distress	

Remaining template documentation elements

Counseling:	Reviewed with patient: 1. History of substance use 2. History of physical or sexual abuse 3. Suicidal ideations 4. History of any traumatic experience 5. Involvement in any potential illegal activities?
Coordination of Care:	_____
Diagnosis:	Conduct disorder, adolescent-onset type(F91.2)
Assessment:	Conduct disorder, consistent with DSM-5 criteria
Plan:	Extensive discussion of conduct disorder with family. Close observation for any concerns of substance use / abuse, violent or aggressive behaviors, concerns or self-harm / suicidal ideation or intent, depression, or anxiety Discussed when inpatient management would be indicated Reviewed comprehensive treatment plan, including potential involvement of psychiatry Discussed indications for counseling, therapy (individual or group) Local community-based services / resources reviewed
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
