

Mood / behavior concerns (03/22) (101468)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: _____

CC Parental concern about mood / behavior:

Onset of symptoms: Description of symptoms Other concerns: Social media postings of concern: Known stressors: School performance: Known exposure to family or community violence / trauma: Current medications: Chronic illness (Y/N): Family history of anxiety (Y/N): Family history of depression (Y/N): Family history of

HPI

bipolar disorder (Y/N): Family history of obsessive-compulsive disorder (Y/N): If any of the above were answered yes, any known effective or ineffective medications utilized: Family history of substance abuse (Y/N): Family history of suicide / attempt (Y/N): Treatments attempted (counseling / on-line therapist, support group, school) and effectiveness:

freeform

ROS _____

Structured ROS

Pert: feeling that people are out to get you	___
Pert: experiencing visions or hearing voices	___
Pert: feelings of elation	___
Pert: impulsivity	___
Pert: racing thoughts	___
Pert: decreased interest in social activities and hobbies that used to be pleasurable	___
Pert: change in appetite	___
Pert: difficulty sleeping	___
Pert: feeling listless, lethargic	___
Pert: sense of worthlessness	___
Pert: feeling sad	___
Pert: change in language, academic or work performance	___
Pert: bullying	___
Pert: in trouble at school or with the law	___
Reports: Concerns with behavior	___
Pert: difficulty getting along with family or friends	___
Pert: feeling scared or anxious	___
Pert: crying more than usual	___

Pert: nausea	_____
Pert: chest pain	_____
Pert: palpitations	_____
Pert: high stress levels	_____
Pert: weight loss or gain	_____
Pert: headache	_____
Pert: tics	_____
Pert: diarrhea	_____
Pert: diffused abdominal pain	_____
Pert: problems with school or work	_____
Pert: mood swings	_____

Structured exam

Remaining template documentation elements

Counseling:	History of substance use / high risk behaviors?
Coordination of Care:	_____
Diagnosis:	_____ (_____)
Assessment:	_____
Plan:	_____
Patient Instructions:	_____

Remaining workflow elements

Procedures

Orders

Survey	Depression Screen: PHQ-9: Modified for Teens
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