

OCD (03/22) (101475)

Category: TEMPLATES TO RELEASE

Scheduled appt type: _____

CC OCD concerns:
 Specific premonitory urges / intrusive / persistent thoughts: Do those thoughts control your actions or behaviors? Compulsive actions: Estimated time daily these obsessions or compulsions take: ADHD concerns: Current medications: Symptoms affecting home / school behavior: Symptoms affecting ADLs: Symptoms affecting social activity / planning / transitions:

freeform
ROS _____

Structured ROS

Structured exam

NL: mood & affect	<input type="checkbox"/>
NL: orientation to time, place & person	<input type="checkbox"/>
NL: cranial nerves	<input type="checkbox"/>
Pert: inspection (includes subcutaneous tissue): no rash	<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: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>

Remaining template documentation elements

Counseling:	Any thoughts of self harm / suicide?
Coordination of Care:	_____
Diagnosis:	Obsessive-compulsive disorder, unspecified(F42.9)
Assessment:	Obsessive-compulsive disorder, consistent with DSM-5 criteria
	Discussed diagnosis of OCD

Plan:

with family, reviewed importance of monitoring for any co-morbid conditions, including anxiety, depression, ADHD, and ODD If completed, reviewed applicable surveys / assessment findings: Discussed medication options / side effects Discussed behavioral therapy as a treatment option Discussed indications for comprehensive team management, including involvement of psychiatrist, psychologist, individual or group therapy Discussed indications for potential inpatient management Recheck in the office in

Patient Instructions:

Remaining workflow elements

Procedures

Orders
