

SOCIAL ANXIETY DISORDER (0722) (101699)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: _____

CC Social phobias / anxiety

Age of onset: Description of the social settings / situations that trigger symptoms: History of any stressful or humiliating experience prior to development of symptoms (Y/N)? Has the duration of these symptoms been persistent for 6 months or more (Y/N)? Does the anxiety occur in peer settings, and not only during an interaction with adults (Y/N)? In those noted settings does the child fear being embarrassed, humiliated, or rejected (Y/N)? Do those settings almost always provoke fear or anxiety (Y/N)? Does the child go out of the way to avoid those situations, or only endure them with significant fear or anxiety (Y/N)? Does the fear or anxiety seem out of proportion or extreme (Y/N)? Does the child have clinically significant distress or impairment in areas of social or occupational functioning due to the fear or anxiety (Y/N)? What types of symptoms are experienced (for example sweating, trembling, blushing, rapid heart rate)? Is the fear or anxiety restricted to speaking or performing in public (performance only)? Is there any history of bullying (Y/N): Current medications: Standardized survey completed (Y/N): History of other existing medical condition: history of other existing mental health disorder:

HPI

freeform
ROS _____

Structured ROS

Pert: feeling scared or anxious	_____
Pert: fidgety or restless	_____
Pert: change in language, academic or work performance	_____
Pert: nausea	_____
Pert: feeling of cold sweats, shakiness, weakness	_____
Pert: palpitations	_____
Pert: high stress levels	_____
Pert: not sleeping well	_____

Structured exam

Pert: speech rate, volume, articulation and coherence	_____
Pert: concentration	_____

Pert: activity level	
Pert: mood & affect	
Pert: age appropriate social/language interaction	
NL: auscultation of heart: regular rate & rhythm, no murmur	
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	
Pert: parent-child interactions	
Pert: activity level: responsive & interested in environment	
Pert: general appearance: alert, pleasant, not ill appearing, no distress	

Remaining template documentation elements

Counseling:	For patient if applicable: History of substance use / abuse? Gender identity / sexual orientation questions
Coordination of Care:	_____
Diagnosis:	Social phobia, unspecified(F40.10)
Assessment:	Social Anxiety Disorder (Social Phobia) consistent with DSM5 diagnostic criteria. Differential diagnoses considered include, but not limited to, normal shyness, panic disorder, other anxiety disorders, phobias, and depressive disorders
Plan:	Extensive discussion about social anxiety. Reviewed that Cognitive Behavioral Therapy (CBT) is an effective first-line treatment, either individually or in groups, and that improvements are often gradual with the intent of building confidence and learning skills to help manage specific situations. Discussed resources available for CBT and provided local or web-based support groups if applicable. Encouraged family to set realistic goals regarding approaching social situations known to cause anxiety. Reviewed lifestyle and home remedies that can also contribute to improvement in

symptoms, including stress reduction skills, relaxation / breathing techniques or meditation, limiting caffeine, getting appropriate sleep and physical exercise, and promoting a healthy balanced diet. Discussed the potential role of medications (SSRIs, SNRIs, beta-blockers or benzodiazepines) in treating social anxiety, including risks of side effects.

**Patient
Instructions:**

Remaining workflow elements

Procedures

Orders
