

# SELECTIVE MUTISM (0722) (101729)

Category: **TEMPLATES TO RELEASE**

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

**CC** Speaking concerns

Age when concerns were first noted: Has this been going on for at least one month (not limited to the first month of school) (Y/N): Describe the situations where your child consistently does not speak: In those situations, is your child communicating in gestures, facial expressions, or nodding in place of verbal communication? Is your child speaking as expected at home, or around immediate family members? Is the failure to speak impacting school / work achievement or social activities? Current grades in school: Does your child have a history of any other communication / speech disorder (Y/N): Does your child worry a lot? Would you describe your child as shy? If so, in what situations or about what? Have there been any recent family stresses or trauma? Is the child expected to speak in a language other than his / her native one?

**HPI**

**freeform**

**ROS** \_\_\_\_\_

## Structured ROS

Pert: enuresis	<input type="checkbox"/>
Pert: encopresis	<input type="checkbox"/>
Pert: lack of eye contact	<input type="checkbox"/>
Pert: clingy	<input type="checkbox"/>
Pert: bullying	<input type="checkbox"/>
Pert: feeling scared or anxious	<input type="checkbox"/>
Pert: decreased interest in social activities and hobbies that used to be pleasurable	<input type="checkbox"/>
Pert: change in appetite	<input type="checkbox"/>
Pert: difficulty sleeping	<input type="checkbox"/>
Pert: tics	<input type="checkbox"/>
Pert: tremors	<input type="checkbox"/>
Pert: change in language, academic or work performance	<input type="checkbox"/>
Pert: change in short term memory	<input type="checkbox"/>
Pert: change in hearing	<input type="checkbox"/>
Pert: high stress levels	<input type="checkbox"/>
Pert: compulsive behaviors	<input type="checkbox"/>

**Structured exam**

Pert: tics or vocalizations	<input type="checkbox"/>
Pert: speech rate, volume, articulation and coherence	<input type="checkbox"/>
Pert: age appropriate social/language interaction	<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: activity level: responsive & interested in environment	<input type="checkbox"/>
NL: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>
Pert: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	<input type="checkbox"/>
Pert: lips, teeth and gums	<input type="checkbox"/>
NL: gross assessment of hearing: responds to voice	<input type="checkbox"/>

**Remaining template documentation elements**

<b>Counseling:</b>	<input type="checkbox"/>
<b>Coordination of Care:</b>	<input type="checkbox"/>
<b>Diagnosis:</b>	Selective mutism(F94.0)
<b>Assessment:</b>	Selective mutism, consistent with DSM5 criteria. Differential diagnoses considered include but not limited to communication disorder, receptive language difficulty, social anxiety disorder, autism, psychotic disorder, and intellectual disability
<b>Plan:</b>	Discussed selective mutism and the frequency of co-existing anxiety symptoms, especially social anxiety and separation anxiety. Reviewed the risks of anxiety, depression, social isolation, academic impairment, bullying. Discussed formal hearing evaluation to rule out hearing loss as a possible contributing factor Reviewed involvement of speech-language pathologist and both school- and community-based resources, psycho-educational testing, and the potential for school accommodations such as a 504

or IEP plan or augmented / alternative communication devices. Discussed the roles of behavioral and cognitive behavioral therapy, family therapy, and play therapy, with referral made, and goals of gradually reducing anxiety and teaching coping skills. Discussed potential use of medications (SSRIs) to assist with anxiety, in conjunction with therapy, and typically recommended for those with more severe difficulties.

**Patient  
Instructions:**

**Remaining workflow elements**

**Procedures**

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**Orders**

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