

**BRENTWOOD BEHAVIORAL HEALTHCARE
PHYSICIAN'S PROGRESS NOTE**

- Chart/record reviewed:
- Patient status as reported by staff:
- Family interview/family issues (specify):

PERTINENT HISTORY & PSYCHIATRIC EXAMINATION

Chief Complaint & Identification of all Problems/Status:

General Appearance:

Orientation: Fully Oriented **Not Oriented to:** Time Person Place Situation

Mood/Affect Reviewed: Normal Angry Flat Sad Labile Tearful Depressed
 Panickey Elevated Anxious Manic Subdued Ambivalent

Motor Activity Reviewed: Normal Slowed Tense Hyperactive Frantic Fidgety Restless Agitated Tremor

Gait/Posture Reviewed: Normal Slumped Other

Thought Processes Reviewed: Appropriate Disorganized Obsessive Ruminating

Associations Reviewed: Normal Circumstantial Loose Tangential

Psychotic Thoughts Reviewed: None Hallucinations Delusional

Speech Reviewed: Normal Verbose Pressured Slow Rapid

Suicidal Ideations Reviewed: Absent Present Passive Intent Plan Death wishes

Homicidal Ideations Reviewed: Absent Present Passive Intent Plan Death wishes

Memory Reviewed: Intact Gaps Forgetful Vague Confused

Judgement/insight Reviewed: Good Fair Poor

Attention span / concentration Reviewed: Good Fair Poor Limited Distractible

Medication Side Effects Reviewed: Absent Present (Specify):

CLINICAL ASSESSMENT / MEDICAL DECISION MAKING

Observation Level: Level 1 Level 2 Level 3 Level 4

Precautions with Justification: Suicide precautions 1:1 Observation Other: _____

Treatment: Individual Tx. Group Tx. Family Tx.
 Consultation with/for: _____
 Labs/x-rays ordered: _____

Laboratory Studies: Clinically unremarkable Significant findings: _____

Medication Review/Mgmt: Continue current medication(s) Medication changes (see orders: _____
 Medication side effects (see above): _____

Assessment of Risk for Harm to Self/Others: Not at significant risk Other: _____

Patient's Response to Treatment: Positive Negative Other: _____
 Case discussed in Treatment Team meeting:

Reason for Continued Hospitalization: _____

Anticipated Discharge Date: _____

I certify that these services have been personally performed by me and notes are documented to support diagnoses and patient evaluation in accordance with all regulatory requirements, including AMA and CMS Documentation Guidelines.

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|---|---|---|---|
| <input type="checkbox"/> 99231 Subseq. low | <input type="checkbox"/> 99238 D/C 30 min | <input type="checkbox"/> 99251 Initial cons. straight | <input type="checkbox"/> 99254 Initial cons. mod |
| <input type="checkbox"/> 99232 Subseq. mod | <input type="checkbox"/> 99239 D/C > 30 min | <input type="checkbox"/> 99252 Initial cons. straight | <input type="checkbox"/> 99255 Initial cons. high |
| <input type="checkbox"/> 99233 Subseq. high | <input type="checkbox"/> 90862 Med Mgmt | <input type="checkbox"/> 99253 Initial cons. low | <input type="checkbox"/> Other: _____ |

Physician's Signature _____ Diagnoses Unchanged From Admission
 Additional Diagnoses: _____

Date/Time: _____