

NEW PATIENT VISIT

Patient Name: @PREFNAME@

MRN#: @MRN@

DOB: @DOB@

AGE: @AGE@

Date of Service: @TD@

Duration: {TIME; INTERVALS (QUARTER HR TO 2H):33621}

Record Review: {brief/mod/extensive:18406}

CPT Code(s): {JCMCPTCODES:40878}

At the start of this appointment, Pt was informed of limits of confidentiality. Verbal consent to participate was obtained. Pt was also and provided information about the role of integrated behavioral health services in Family Medicine. Pt was also given an opportunity to describe their understanding of the encounter and to ask questions about the service.

Referring Physician: Dr. ***

Resident present: {JCMshadowinglist:42730}. Pt {DID/DID NOT:27244} express verbal consent for co-intervention.

Chief Complaint/Reason for Referral:

Per consultation and chart review, patient has been experiencing ***. Potential R/O {psychiatric conditions:40943}

History of Present Illness:

Based on information contained in the medical record and collected by self-report today,

Objective Assessment Findings:

PROMIS Adult Short Form-Anxiety Score (range: 37 - 83):

PROMIS Adult Short Form-Depression Score (range: 38 - 81):

PROMIS Adult Short Form-Global Health Score (Physical) (range: 16 - 68):

PROMIS Adult Short Form-Global Health Score (Mental) (range: 21 - 68):

PROMIS General Health Score (range: 1 - 5):

PROMIS Global Social Activities & Roles Score (range: 1 - 5):

Mental Status Evaluation:

Appearance: {appearance:31883}

Behavior: {exam; behavior :40945}

Speech: {JCM MSE speech:40946}

Mood: {mood:40947}

Affect: {JCM affect desc:40948}

Thought Process: {JCM thought po.. desc.:40949}

Thought Content: {thought content:40950}

Sensorium: {orientation:30299}

Cognition: {cognition:31892}

Insight: {insight:31893}

Judgment: {judgment:31893}

Current suicidal ideation, intent, or plan: {JCMBARSI:41415}

Current homicidal or violent ideation, intent, or plan: ***

Medical History:

@PROBC@

Additional medical history is available in the medical record.

Current Medications:

@CMED@

Relevant Biopsychosocial History:

Physical/Behavioral Functioning

Sleep Patterns: {Sleep pattern:20920}; {JCMSLEEPPATTERNSHPI:40749}

Eating Patterns: {JCMEATINGDISTURB:40871}; {JCM Eating Patterns:40751}

Physical Activity: {exercise history:23613}, {degree of exercise:25774} in intensity, {desc; exercise:14900},

Substance Use: {Drugs:20590}

Psychological/Psychiatric History:

Previous MH concerns (self-report): {psychiatric conditions:40943}

Previous treatment: {psych:40872}

Previous trauma: {JCM Trauma History:40953}.

Social History:

Racial/Ethnic Identity: {Race/Ethnicity/Multiracial:40715}

Relationship Status: {JCMRELATSTATUS:40883}

Sexual Orientation: {JCMSEXUALORIENT:40884}

Educational History: {education:31912}

Employment: {JCMEMPLOY:40885}

Legal: {Legal:20588}

Spiritual/Cultural: {JCMSPIRITUALPREF:40752}

Summary & Diagnostic Impressions:

@PREFNAME@, is a @AGE@ self reported {Race/Ethnicity/Multiracial:40715}

@GENDERID@, seen for initial visit after being referred by Dr. *** to address ***.

Relevant Diagnosis(es)

@PROBDIAG@

Treatment Goals:

{JCMTREATMENTGOALS:40881}

Treatment Plan/Recommendations:

Follow-up plan for treatment {was/was not:19833} discussed. Pt was encouraged to maintain connection with referring provider, as indicated.

Jonathan C. Mitchell, Ph.D.

Licensed Clinical Psychologist, FL # 9895

@TODAYDATE@ @NOW@