Cornerstone Behavioral Healthcare
Medication Management Progress Note

☐**Please check if corrected note**	Client#:
	Provider
Client Name:	DOB:

Date of Service:	**Duration:**
Start Time:	**End Time:**

Participants: Client, Provider ☐ Other:

Telehealth ☐ **Telephonic** ☐

Procedure Codes (please check appropriate box):

☐**90792** ☐**99212** ☐**99213** ☐**99214** ☐**99215**

Primary Diagnosis:	Secondary Diagnosis:	**(OHH Only)** Recovery Phase:

History/Chief Complaint:

History of Presenting Illness (Subjective):

Past & Present Family History (Medical and Social history):

Review of Systems (2 to 3 elements):

Examination/ Vital Signs (Objective):

B/P	P	R	Ht	Wt

UA Obtained: ☐**Yes** ☐**No**

Appearance:

☐Casual Dress ☐Neatly Groomed ☐Appropriate to Season ☐Stated Age ☐Older ☐Younger ☐Disheveled ☐Unkempt ☐Other:

Speech:

☐Normal Rate/Volume/Rhythm ☐Loud ☐Soft ☐Halting ☐Pressured ☐Nonverbal ☐Other (please specify):

Behavior/ Activity:

☐WNL ☐Pleasant ☐Engaging ☐Cooperative ☐Guarded ☐Suspicious ☐Hostile ☐Hyperactive ☐Tremors ☐Ties ☐Agitated ☐Restless ☐Other:

Mood/ Affect:

☐WNL ☐Euthymic ☐Anxious ☐Angry ☐Euphoric ☐Flat ☐Labile ☐Sad ☐Depressed ☐Irritable ☐Tearful ☐Blunted ☐Constricted ☐Grandiose ☐Tense ☐Apathetic

Suicidal/ Homicidal:

☐Denies ☐Thought ☐Hopelessness ☐Intent ☐Plan

Thought Content/ Process/ Associations:

☐WNL ☐Hallucinations ☐Delusions ☐Circumstantial ☐Confusion ☐Paranoia ☐Loose Associations ☐Racing ☐Tangential ☐Other:

Judgement/ Insight:

☐WNL ☐Limited ☐Impaired ☐Absent ☐Other:

	Client#:
	Provider
Client Name:	DOB:

Memory:

☐WNL ☐Impaired ☐Immediate ☐Recent ☐Remote ☐Other:

AIMS:	**GAIT:**

Orientation:

☐Time ☐Place ☐Person

Attention Span:

Fund of Knowledge (e.g. Awareness of Current Events, Past History and Vocabulary):

Medical Decision Making:

Lab Results: Labs Ordered:

Problem #1:

Comment:

Plan:

Problem #2:

Comment:

Plan:

Problem #3:

Comment:

Plan:

Medication Changes: ☐Yes ☐No (if yes, you **must** submit a Medication Consent Form)

Current Medications (please note here or submit a separate list, *PIMSY direct entry users exempt*):

Patient/Guardian Participation/Response:

☐Active ☐Agreement With ☐Education RE Changes ☐Disagreement ☐Other:

Progress: ☐Excellent ☐Good ☐Fair ☐Poor ☐None ☐Regressing

Please explain progress:

Assessment of Risk from 1 (Low) to 10 (High), please explain your answer:

Provider Signature:	**Date:**

Printed Name & Credentials: