

PSYCHIATRIC DIAGNOSTIC EVALUATION NOTE (90792)

Patient's Name: _____ Date of Visit: _____

CC: Reason for visit/referral _____

HPI: (DOCUMENT AT LEAST 4 OF THE FOLLOWING ELEMENTS OF THE PRESENT ILLNESS: QUALITY, SEVERITY, DURATION, TIMING, CONTEXT, MODIFYING FACTORS, ASSOCIATED SIGNS AND SYMPTOMS):

PAST, FAMILY AND SOCIAL HISTORY: (DOCUMENT EACH OF THE 3 HISTORY AREAS) (CONTINUE ON ADD'L SHEETS)

Past Medical/Psychiatric/Drug/Alcohol History _____

Family Medical/Psychiatric/Drug/Alcohol History _____

Social/Employment History _____

ROS: (DOCUMENT POSITIVES/ PERTINENT NEGATIVES OR NO COMPLAINT FOR ALL THE FOLLOWING SYSTEMS):

Constitutional symptoms _____ **Musculoskeletal** _____

Eyes _____ **Integumentary** _____

Ears/Nose/Mouth/Throat _____ **Neurological** _____

Cardiovascular _____ **Endocrine** _____

Respiratory _____ **Hematologic/Lymphatic** _____

Gastrointestinal _____ **Allergic/Immunologic** _____

Genitourinary _____

Current Medication(s) and Medication History No side effects or adverse reactions noted or reported

I-STOP REVIEW REQUIRED AND PERFORMED

PSYCHIATRIC MEDICAL EXAM: DOCUMENT ALL ELEMENTS

General Appearance: _____

Orientation: Time/Place/Person: _____

Speech: _____

Language: _____

Attention Span/Concentration: _____

Estimated Intelligence: _____

Thought Processes: _____

Associations: _____

Abnormal/Psychotic Thoughts: _____

Memory: _____

Fund of Knowledge: _____

Mood/Affect: _____

Judgment: _____

Suicidal/Homicidal Ideation/Intent/Plan: _____

Other: _____

LAB TEST HISTORY Reviewed Requested: _____

ASSESSMENT/DISCUSSION: _____

DIAGNOSES: _____

Initial Treatment Plan:

Psychotherapy w/ E/M: _____ OR Counseling: _____

Medications: _____

Lab Tests Ordered: _____

Duration of face to face visit with patient (in minutes): _____

CPT Code(s) 90792 _____ 90785 Interactive (explain) _____