

OUTPATIENT/OFFICE PSYCHIATRIC NEW PATIENT NOTE (99204 or 99205)

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: _____

COUNSELING PROVIDED WITH PATIENT / FAMILY / CAREGIVER (circle as appropriate and then check off each counseling topic discussed and describe below:

Diagnostic results/impressions and/or recommended studies

Risks and benefits of treatment options

Instruction for management/treatment and/or follow-up

Importance of compliance with chosen treatment options

Risk Factor Reduction

Patient/Family/Caregiver Education

Prognosis

COORDINATION OF CARE PROVIDED (with patient present) WITH (check off as appropriate and describe below):

Coordination with: Nursing Residential Staff Social Work Physician/s Family Caregiver

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

Greater than 50% of face to face time spent providing counseling and/or coordination of care

CPT Code(s) _____ 99204 _____ 99205 _____ 90785 Interactive (explain) _____