

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 5/14/2018 <b>Start time:</b> 11:15 <b>End time:</b> 12:00	<b>Present:</b> <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																		
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 21																			
<b>Diagnostic Code/Narrative</b>	<b>ICD9:</b> 300.00 Unspecified anxiety disorder <b>ICD10:</b> F41.9 Unspecified anxiety disorder Mental Disorder <b>ICD9:</b> 314.01 Unspecified attention-deficit/hyperactivity disorder <b>ICD10:</b> F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder <b>ICD9:</b> 780.52 Other specified insomnia disorder <b>ICD10:</b> G47.09 Other specified insomnia disorder Mental Disorder <b>ICD9:</b> 784.0 Headache <b>ICD10:</b> R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																			
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Processed client's happiness and satisfaction with his assessment that he has been performing well academically and socially over the past several weeks. Discussed two new business ventures on which he reports he has embarked, and explored how one may impact his relationship with his parents. Explored his short and longer-term professional goals. Client agreed to shift to monthly sessions for the near future.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
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Electronically signed on 5/14/2018 at 12:00 PM by Jefferson Crowe, PsyD

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<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Explored client's anxiety and identified areas in which he feels his anxiety triggered directly by interactions he has with his parents. Processed client's happiness and surprise with his assessment that he has been performing well academically and socially over the past two weeks. Reflected on certain "experiments" client has been conducting to develop and improve his social skills, and explored his goals as well secondary gains he has observed such as improved confidence and comfort in social settings.			
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Explored his use of stimulant medication for symptoms of AD/HD and reflected on differences in effectiveness of the meds depending on other factors in his life, including sleep, exercise, and exposure to sunlight. Explored client's anxiety and identified disruptions in routine and physiology as triggers for client to feel stressed. Processed client's concerns about experimenting with the dosage of his medication.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
<b>If 90785 COMPLEXITY Code indicated, please note relevant details here:</b> 1. <input type="checkbox"/> manage maladaptive communication that make tx difficult ( <input type="checkbox"/> related to high anxiety; <input type="checkbox"/> related to n/v sx's; <input type="checkbox"/> related to high reactivity; <input type="checkbox"/> related to constricted affect; <input type="checkbox"/> related to tx resistance/non-compliance; <input type="checkbox"/> related to substance use; <input type="checkbox"/> other); 2. <input type="checkbox"/> caregiver's emotions interfere with implementation of tx; 3. <input type="checkbox"/> reporting to 3 <sup>rd</sup> party mandated; 4. <input type="checkbox"/> use of play equipment, physical device, interpreter.		
<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session:</b> OR <input type="checkbox"/> X1 Week <input checked="" type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 4/9/2018 at 7:27 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 3/19/2018 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																		
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 18																			
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																			
<b>Assessment and progress</b>		<b>Over-all patient functioning</b>																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Mild</th> <th style="width: 10%;">moderate</th> <th style="width: 10%;">severe</th> </tr> </thead> <tbody> <tr> <td>Problem 1:AD/HD Symptoms</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input checked="" type="checkbox"/> 3</td> </tr> <tr> <td>Problem 2:Anxiety</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input checked="" type="checkbox"/> 3</td> </tr> <tr> <td>Problem 3:</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>			Mild	moderate	severe	Problem 1:AD/HD Symptoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	Problem 2:Anxiety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	Problem 3:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<table style="width: 100%; border-collapse: collapse;"> <tr> <td> <input type="checkbox"/> Poor    <input checked="" type="checkbox"/> Fair    <input type="checkbox"/> Good    <input type="checkbox"/> Excellent         </td> </tr> <tr> <td> <b>General Observations:</b>            Orientation: time, place, person and self            Thought process: goal oriented and logical,            Appearance: appropriate            Affect: flat            Mood: flat            Attention: appropriate            Speech: normal            Other:         </td> </tr> </table>		<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<b>General Observations:</b> Orientation: time, place, person and self Thought process: goal oriented and logical, Appearance: appropriate Affect: flat Mood: flat Attention: appropriate Speech: normal Other:
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<b>Evaluation &amp; Discussion of problem(s):</b> <input checked="" type="checkbox"/> Assessment/Evaluation <input type="checkbox"/> Crisis management <input checked="" type="checkbox"/> Symptom frequency / severity / Other details <input checked="" type="checkbox"/> Factors Contributing to problem, triggers <input checked="" type="checkbox"/> Factors maintaining problem, barriers to change <input checked="" type="checkbox"/> Past coping efforts <input type="checkbox"/> Other :		<b>Behavior Modification:</b> <input type="checkbox"/> Self –monitoring: <input type="checkbox"/> Stimulus control: <input type="checkbox"/> Relaxation training <input checked="" type="checkbox"/> Mindfulness/ awareness skills <input checked="" type="checkbox"/> Emotion regulation <input checked="" type="checkbox"/> Behavioral Activation <input type="checkbox"/> Guided imagery hypnosis <input checked="" type="checkbox"/> Communication/ assertiveness skills <input checked="" type="checkbox"/> Problem-solving skills <input checked="" type="checkbox"/> Identification of dysfunctional thoughts/beliefs <input checked="" type="checkbox"/> Cognitive restructuring <input type="checkbox"/> Development of hierarchy of treatment targets <input type="checkbox"/> Exposure w/ response prevention <input type="checkbox"/> Systematic desensitization <input type="checkbox"/> Relapse prevention <input type="checkbox"/> Application of skills to problem situations/symptoms <input type="checkbox"/> Time management/organizational skills training <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Positive Reinforcement <input type="checkbox"/> Other self-management skills: <input type="checkbox"/> Other:																			
<b>Treatment planning, client education:</b> <input checked="" type="checkbox"/> Alliance Building <input type="checkbox"/> Review of client self-report form (changes noted below) <input checked="" type="checkbox"/> Psychoeducation re: problem & treatment <input type="checkbox"/> Discussion of treatment plan & goals		<b>Additional treatment resources discussed:</b> <input checked="" type="checkbox"/> Psychiatric medications: <input checked="" type="checkbox"/> Medical provider: <input type="checkbox"/> Other: <input type="checkbox"/> Nutritionist <input checked="" type="checkbox"/> Psychological/Neuropsych testing <input type="checkbox"/> Couples' therapy <input type="checkbox"/> Group therapy <input type="checkbox"/> CogMed services <input type="checkbox"/> Career Counseling																			
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:	<input type="checkbox"/> Domestic Violence
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Reflected on developments in his relationships with his parents since moving out of their home, and processed the reduced anxiety client has felt in his own space. Explored his use of stimulant medication for symptoms of AD/HD and reflected on differences in effectiveness of the meds depending on other factors in his life. Explored his reluctance to seek help for his symptoms of anxiety and his preference to address these issues on his own.			
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)			
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>			
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)		<b>Next Session:</b> x3 Weeks OR <input type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 3/19/2018 at 6:40 PM by Jefferson Crowe, PsyD



<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 3/5/2018 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																												
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 18																													
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																													
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Reflected on developments in his relationships with his parents over the past two weeks, and processed his relief at reaching some points of connection with his mother. Processed his frustration with his father and explored how their interactions have shifted over the past several years. Explored client's fear of his father and challenged his preferred coping skills of avoiding and ignoring. Explored client's goals for these relationships in his anticipation of moving out of their house during the coming week.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session:</b> OR <input type="checkbox"/> X1 Week <input checked="" type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 3/5/2018 at 2:14 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 2/16/2018 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																																
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 17																																	
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																																	
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Explored client's experience with his symptoms associated with the autism spectrum, and explored his understanding of their origination and cause. Explored his feelings about the way he was raised by his parents, and challenged his aversion to expressing anger or sadness. Reflected on knowledge client has gained from his experience as a driver, and explored his process of making inferences about people in order to understand their motives. Agreed to shift to meeting every other week for the near future.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session:</b> OR <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 2/16/2018 at 11:54 AM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 2/6/2018 <b>Start time:</b> 1:00 <b>End time:</b> 1:45	<b>Present:</b> <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																		
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 16																			
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																			
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<b>Emotional / insight-oriented treatment:</b> <input checked="" type="checkbox"/> Discussion of emotion(s): Irritation <input checked="" type="checkbox"/> Emotional support <input type="checkbox"/> Discussion of fears/ internal conflicts about change <input checked="" type="checkbox"/> Role of past experience in current problem(s) <input type="checkbox"/> Other:		<b>Additional treatment resources discussed:</b>																			
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Processed client's frustration with his parents and explored the content of their recent conflict. Processed client's irritation about a recent negative review he received as a driver, and explored his process of making inferences about people in order to understand their motives. Discussed client's time spent in Australia and explored his biggest regrets from his past.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. Extended sessions will be used for the following treatment interventions (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 2/6/2018 at 6:18 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 1/26/2018 <b>Start time:</b> 11:00 <b>End time:</b> 11:45	<b>Present:</b> <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 15	
<b>Diagnostic Code/Narrative</b>	<b>ICD9:</b> 300.00 Unspecified anxiety disorder <b>ICD10:</b> F41.9 Unspecified anxiety disorder Mental Disorder <b>ICD9:</b> 314.01 Unspecified attention-deficit/hyperactivity disorder <b>ICD10:</b> F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder <b>ICD9:</b> 780.52 Other specified insomnia disorder <b>ICD10:</b> G47.09 Other specified insomnia disorder Mental Disorder <b>ICD9:</b> 784.0 Headache <b>ICD10:</b> R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:	
<b>Assessment and progress</b>		<b>Over-all patient functioning</b>	
<div style="display: flex; justify-content: space-between;"> <span><b>Mild</b></span> <span><b>moderate</b></span> <span><b>severe</b></span> </div> Problem 1:AD/HD Symptoms <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10           </div> Current Status (Compared to baseline): Improved		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent           </div> <b>General Observations:</b> Orientation: time, place, person and self Thought process: goal oriented and logical, Appearance: appropriate Affect: mood congruent Mood: euthymic Attention: appropriate Speech: normal Other:	
Problem 2:Anxiety <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10           </div> Current Status (Compared to baseline): No Change			
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<b>Emotional / insight-oriented treatment:</b> <input checked="" type="checkbox"/> Discussion of emotion(s): Happiness <input checked="" type="checkbox"/> Emotional support <input type="checkbox"/> Discussion of fears/ internal conflicts about change <input checked="" type="checkbox"/> Role of past experience in current problem(s) <input type="checkbox"/> Other:			
<b>Lifestyle modification interventions:</b> <input type="checkbox"/> Eating behavior <input checked="" type="checkbox"/> Sleep Hygiene <input type="checkbox"/> Management of stressors <input type="checkbox"/> Physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Pleasurable activities, self-care <input type="checkbox"/> Positive life goals <input type="checkbox"/> Improve social supports		<b>Homework:</b> <input type="checkbox"/> Self monitoring: <input type="checkbox"/> stress <input type="checkbox"/> sleep <input type="checkbox"/> diet <input type="checkbox"/> thoughts <input type="checkbox"/> other: <input type="checkbox"/> Relaxation/Mindfulness practice: <input type="checkbox"/> Reading assignment: <input type="checkbox"/> Referrals made: <input type="checkbox"/> Other:	

<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:	<input type="checkbox"/> Domestic Violence
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Discussed a recent interaction involving client's application for housing, and processed his happiness with having his application approved and feeling comfortable in his relationship with his new landlord. Explored client's rationale for certain time management decisions, including working and sleeping at nontraditional hours. Explored client's understanding of certain symptoms aligned with his diagnoses and explored how they manifest both internally and externally.			
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)			
<b>If 90785 COMPLEXITY Code indicated, please note relevant details here:</b> 1. <input type="checkbox"/> manage maladaptive communication that make tx difficult ( <input type="checkbox"/> related to high anxiety; <input type="checkbox"/> related to n/v sxs; <input type="checkbox"/> related to high reactivity; <input type="checkbox"/> related to constricted affect; <input type="checkbox"/> related to tx resistance/non-compliance; <input type="checkbox"/> related to substance use; <input type="checkbox"/> other); 2. <input type="checkbox"/> caregiver's emotions interfere with implementation of tx; 3. <input type="checkbox"/> reporting to 3 <sup>rd</sup> party mandated; 4. <input type="checkbox"/> use of play equipment, physical device, interpreter.			
<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>			
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)		<b>Next Session:</b> OR <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 1/26/2018 at 1:01 PM by Jefferson Crowe, PsyD



<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 1/19/2018 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																														
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 14																															
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																															
<b>Assessment and progress</b>		<b>Over-all patient functioning</b>																															
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<b>Emotional / insight-oriented treatment:</b> <input checked="" type="checkbox"/> Discussion of emotion(s): Anxiety, Sadness <input checked="" type="checkbox"/> Emotional support <input type="checkbox"/> Discussion of fears/ internal conflicts about change <input checked="" type="checkbox"/> Role of past experience in current problem(s) <input type="checkbox"/> Other:		<b>Homework:</b> <input type="checkbox"/> Self monitoring: <input type="checkbox"/> stress <input type="checkbox"/> sleep <input type="checkbox"/> diet <input type="checkbox"/> thoughts <input type="checkbox"/> other: <input type="checkbox"/> Relaxation/Mindfulness practice: <input type="checkbox"/> Reading assignment: <input type="checkbox"/> Referrals made: <input type="checkbox"/> Other:																															
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:	<input type="checkbox"/> Domestic Violence
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Discussed treatments that client reports seeking to help alleviate symptoms of AD/HD and ASD, and explored the interactions of these treatments. Explored client's interest in performance enhancement and discussed his methods for collecting data and tracking results. Processed client's sadness regarding memories of stressful interactions with his parents.			
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. Extended sessions will be used for the following treatment interventions (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)			
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>			
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)		<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 1/19/2018 at 12:38 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 1/12/2018 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																														
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 13																															
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																															
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Explored client's anxiety, specifically as it arises around interactions with his parents and regarding his academic and professional progress. Explored his worry about not living up to potential and processed anxiety that manifests when he feels stagnated in his career path. Explored his fears about upsetting his parents and how his financial dependence on them creates a power dynamic in their relationships.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
<b>If 90785 COMPLEXITY Code indicated, please note relevant details here:</b> 1. <input type="checkbox"/> manage maladaptive communication that make tx difficult ( <input type="checkbox"/> related to high anxiety; <input type="checkbox"/> related to n/v sx's; <input type="checkbox"/> related to high reactivity; <input type="checkbox"/> related to constricted affect; <input type="checkbox"/> related to tx resistance/non-compliance; <input type="checkbox"/> related to substance use; <input type="checkbox"/> other); 2. <input type="checkbox"/> caregiver's emotions interfere with implementation of tx; 3. <input type="checkbox"/> reporting to 3 <sup>rd</sup> party mandated; 4. <input type="checkbox"/> use of play equipment, physical device, interpreter.		
<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 1/12/2018 at 2:42 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 1/5/2018 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																																
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 12																																	
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																																	
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior		<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse		<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:		<input type="checkbox"/> Domestic Violence	
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Processed client's happiness and satisfaction in his current job and processed the excitement he derives from finding original and creative solutions to problems. Explored his social goals, including his desire to date and eventually have a family. Discussed his experiences with dating and explored his criteria for a suitable partner.							
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b>							
1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. Extended sessions will be used for the following treatment interventions (check at least one box below):							
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>							
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)				<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month			

Electronically signed on 1/5/2018 at 12:31 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 12/29/2017 Start time: 10:00 End time: 10:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																														
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 11																															
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:	<input type="checkbox"/> Domestic Violence
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Explored recent events that have helped client feel more financially and academically secure, including saving some money and securing the funding for his next semester of tuition. Processed his optimism about making money at his current job and explored his use of social skills as a tool for occupational success. Continued to explore his conflict with his parents and explored his needs in terms of alternative sources of social interaction.			
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)			
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>			
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)		<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 12/29/2017 at 3:15 PM by Jefferson Crowe, PsyD



<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 12/21/2017 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																																
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Substance Abuse      If present, intervention/plan: Assessed for safety following his recent trip to an emergency room, and client denied any current suicidal ideation.	
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Reflected on significant events over the past week, including client moving back in with his parents, purchasing a car, and attending important therapy sessions. Explored his emotions regarding his relationship with his parents, and challenged his denial of anger toward them. Processed his relief after attending therapy sessions in which he felt positive results were achieved. Discussed his treatment options and explored ways to streamline his mental health care.	
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.)	
<b>If 90785 COMPLEXITY Code indicated, please note relevant details here:</b> 1. <input type="checkbox"/> manage maladaptive communication that make tx difficult ( <input type="checkbox"/> related to high anxiety; <input type="checkbox"/> related to n/v sxs; <input type="checkbox"/> related to high reactivity; <input type="checkbox"/> related to constricted affect; <input type="checkbox"/> related to tx resistance/non-compliance; <input type="checkbox"/> related to substance use; <input type="checkbox"/> other); 2. <input type="checkbox"/> caregiver's emotions interfere with implementation of tx; 3. <input type="checkbox"/> reporting to 3 <sup>rd</sup> party mandated; 4. <input type="checkbox"/> use of play equipment, physical device, interpreter.	
<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>	
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session:</b> OR <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month

Electronically signed on 12/21/2017 at 2:22 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 12/15/2017 Start time: 10:00 End time: 10:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																																
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 9																																	
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																																	
<b>Assessment and progress</b>		<b>Over-all patient functioning</b>																																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Mild</th> <th style="width: 10%;">moderate</th> <th style="width: 10%;">severe</th> </tr> </thead> <tbody> <tr> <td>Problem 1:AD/HD Symptoms</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6</td> <td><input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</td> </tr> <tr> <td colspan="4">Current Status (Compared to baseline): No Change</td> </tr> <tr> <td>Problem 2:Anxiety</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6</td> <td><input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</td> </tr> <tr> <td colspan="4">Current Status (Compared to baseline): No Change</td> </tr> <tr> <td>Problem 3:</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</td> <td><input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</td> </tr> <tr> <td colspan="4">Current Status (Compared to baseline): No Change</td> </tr> </tbody> </table>			Mild	moderate	severe	Problem 1:AD/HD Symptoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Current Status (Compared to baseline): No Change				Problem 2:Anxiety	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Current Status (Compared to baseline): No Change				Problem 3:	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Current Status (Compared to baseline): No Change				<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Poor</td> <td><input checked="" type="checkbox"/> Fair</td> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/> Excellent</td> </tr> </table> <p><b>General Observations:</b>          Orientation: time, place, person and self          Thought process: goal oriented and logical,          Appearance: appropriate          Affect: flat          Mood: flat          Attention: appropriate          Speech: normal          Other:</p>		<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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<b>Treatment planning, client education:</b> <input checked="" type="checkbox"/> Alliance Building <input type="checkbox"/> Review of client self-report form (changes noted below) <input checked="" type="checkbox"/> Psychoeducation re: problem & treatment <input checked="" type="checkbox"/> Discussion of treatment plan & goals		<b>Additional treatment resources discussed:</b> <input checked="" type="checkbox"/> Psychiatric medications: <input checked="" type="checkbox"/> Medical provider: <input type="checkbox"/> Other: <input type="checkbox"/> Nutritionist <input checked="" type="checkbox"/> Psychological/Neuropsych testing <input type="checkbox"/> Couples' therapy <input type="checkbox"/> Group therapy <input type="checkbox"/> CogMed services <input type="checkbox"/> Career Counseling																																	
<b>Emotional / insight-oriented treatment:</b> <input checked="" type="checkbox"/> Discussion of emotion(s): Frustration, Worry <input checked="" type="checkbox"/> Emotional support <input type="checkbox"/> Discussion of fears/ internal conflicts about change <input checked="" type="checkbox"/> Role of past experience in current problem(s) <input type="checkbox"/> Other:		<b>Additional treatment resources discussed:</b> <input checked="" type="checkbox"/> Psychiatric medications: <input checked="" type="checkbox"/> Medical provider: <input type="checkbox"/> Other: <input type="checkbox"/> Nutritionist <input checked="" type="checkbox"/> Psychological/Neuropsych testing <input type="checkbox"/> Couples' therapy <input type="checkbox"/> Group therapy <input type="checkbox"/> CogMed services <input type="checkbox"/> Career Counseling																																	
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<b>Homework:</b> <input type="checkbox"/> Self monitoring: <input type="checkbox"/> stress <input type="checkbox"/> sleep <input type="checkbox"/> diet <input type="checkbox"/> thoughts <input type="checkbox"/> other: <input type="checkbox"/> Relaxation/Mindfulness practice: <input type="checkbox"/> Reading assignment: <input type="checkbox"/> Referrals made: <input type="checkbox"/> Other:																																			

<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Client reports that he was seen at a hospital this past week for insomnia and sleep deprivation, but that he was not admitted. Explored client's current functioning and he denied any current significant issues or symptoms associated with the reasons for this hospitalization. Explored dynamics leading to client being asked to leave his parents' house, and discussed his plans for staying temporarily in a hotel and then working toward moving back in with his parents or finding his own apartment. Explored his relationships with his parents and processed frustration with his father. Obtained a release of information to contact the hospital and an additional provider in order to clarify this situation.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. Extended sessions will be used for the following treatment interventions (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.)		
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 12/15/2017 at 2:36 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 12/8/2017 Start time: 12:00 End time: 12:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																																
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 8																																	
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																																	
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Discussed the results of recent fMRI testing and explored how positive feedback about his intellectual ability might influence his professional direction. Explored client's professional goals and discussed the steps required to reach them. Explored changes in dynamics that have contributed to him losing interest at previous jobs, and identified motivating factors of learning and feeling on the cutting edge of innovation.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
<b>If 90785 COMPLEXITY Code indicated, please note relevant details here:</b> 1. <input type="checkbox"/> manage maladaptive communication that make tx difficult ( <input type="checkbox"/> related to high anxiety; <input type="checkbox"/> related to n/v sxs; <input type="checkbox"/> related to high reactivity; <input type="checkbox"/> related to constricted affect; <input type="checkbox"/> related to tx resistance/non-compliance; <input type="checkbox"/> related to substance use; <input type="checkbox"/> other); 2. <input type="checkbox"/> caregiver's emotions interfere with implementation of tx; 3. <input type="checkbox"/> reporting to 3 <sup>rd</sup> party mandated; 4. <input type="checkbox"/> use of play equipment, physical device, interpreter.		
<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 12/8/2017 at 1:04 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 12/1/2017 <b>Start time:</b> 11:00 <b>End time:</b> 11:45	<b>Present:</b> <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																														
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 7																															
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																															
<b>Assessment and progress</b>		<b>Over-all patient functioning</b>																															
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<b>Emotional / insight-oriented treatment:</b> <input checked="" type="checkbox"/> Discussion of emotion(s): Happiness <input checked="" type="checkbox"/> Emotional support <input type="checkbox"/> Discussion of fears/ internal conflicts about change <input checked="" type="checkbox"/> Role of past experience in current problem(s) <input type="checkbox"/> Other:		<b>Homework:</b> <input type="checkbox"/> Self monitoring: <input type="checkbox"/> stress <input type="checkbox"/> sleep <input type="checkbox"/> diet <input type="checkbox"/> thoughts <input type="checkbox"/> other: <input type="checkbox"/> Relaxation/Mindfulness practice: <input type="checkbox"/> Reading assignment: <input type="checkbox"/> Referrals made: <input type="checkbox"/> Other:																															
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Substance Abuse      If present, intervention/plan:	
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Discussed the results of recent fMRI testing next steps he has planned in terms of his treatment, including consultations with various psychiatrists and other medical providers. Explored client's experience with symptoms of autism and reflected on how they might have influenced his social interactions as a child. Discussed coping skills client has used throughout his life to avoid confusing social situations and explored the emotional effect of these struggles.	
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)	
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<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month

Electronically signed on 12/1/2017 at 12:01 PM by Jefferson Crowe, PsyD



<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 11/17/2017 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																														
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 6																															
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																															
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Discussed the next steps he has planned in terms of his treatment, including consultations with various psychiatrists and other medical providers. Explored his value on high intellectual performance and explored his prioritization of academic achievement over relationships. Processed client's anger with another medical provider and explored his decision-making process in resolving this conflict.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session:</b> OR <input type="checkbox"/> X1 Week <input checked="" type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 11/17/2017 at 12:04 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 11/10/2017 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																														
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 5																															
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																															
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation If present, intervention/plan:
<b>Narrative Summary:</b> Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Discussed the next steps he has planned in terms of his treatment, including consultations with various psychiatrists and other medical providers. Explored client's goals regarding these treatments and the outcome he desires. Processed his anger at other providers and explored the conflict in his interactions with them over the past week. Explored his goals for therapy and discussed how potential conflict may be navigated in the therapeutic relationship.		
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)		
<b>If 90785 COMPLEXITY Code indicated, please note relevant details here:</b> 1. <input type="checkbox"/> manage maladaptive communication that make tx difficult ( <input type="checkbox"/> related to high anxiety; <input type="checkbox"/> related to n/v sxs; <input type="checkbox"/> related to high reactivity; <input type="checkbox"/> related to constricted affect; <input type="checkbox"/> related to tx resistance/non-compliance; <input type="checkbox"/> related to substance use; <input type="checkbox"/> other); 2. <input type="checkbox"/> caregiver's emotions interfere with implementation of tx; 3. <input type="checkbox"/> reporting to 3 <sup>rd</sup> party mandated; 4. <input type="checkbox"/> use of play equipment, physical device, interpreter.		
<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows;; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session: OR</b> <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month	

Electronically signed on 11/10/2017 at 11:52 AM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 11/3/2017 Start time: 11:00 End time: 11:45	Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																																
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 4																																	
<b>Diagnostic Code/Narrative</b>	ICD9:300.00 Unspecified anxiety disorder ICD10:F41.9 Unspecified anxiety disorder Mental Disorder ICD9:314.01 Unspecified attention-deficit/hyperactivity disorder ICD10:F90.9 Unspecified attention-deficit/hyperactivity disorder Mental Disorder ICD9:780.52 Other specified insomnia disorder ICD10:G47.09 Other specified insomnia disorder Mental Disorder ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional <prov> and Rule-Out <R/O> diagnoses:																																	
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<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Substance Abuse      If present, intervention/plan:	
<b>Narrative Summary:</b> Client presented with . Discussed the next steps he has planned in terms of his treatment, including consultations with two new psychiatric/medication provider options, a scheduled fMRI, and an appointment for genetic testing. Explored client's goals regarding these treatments and the outcome he desires. Explored the value he places on neurobiological factors as opposed to psychological factors when assessing his symptoms, and explored the potential effect of psychological treatments.	
<b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b> 1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below): <input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) <input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) <input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) <input type="checkbox"/> treatment for panic disorder (e.g., CBT) <input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) <input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) <input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)	
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<b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b>	
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows: ; <input type="checkbox"/> treatment completed or suspended (see termination note)	<b>Next Session:</b> OR <input checked="" type="checkbox"/> X1 Week <input type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month

Electronically signed on 11/3/2017 at 9:36 PM by Jefferson Crowe, PsyD

<b>Appointment:</b> 90834 Psychotherapy 38-52 Min		<b>Date:</b> 10/20/2017 Start time: 10:45 End time: 11:30		Present: <input checked="" type="checkbox"/> client <input type="checkbox"/> other(s)																						
<b>Psychologist:</b> Jefferson Crowe, PsyD		<b>Session No:</b> 3																								
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<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10																										
Current Status (Compared to baseline): No Change																										
<b>Evaluation &amp; Discussion of problem(s):</b> <input checked="" type="checkbox"/> Assessment/Evaluation <input type="checkbox"/> Crisis management <input checked="" type="checkbox"/> Symptom frequency / severity / Other details <input checked="" type="checkbox"/> Factors Contributing to problem, triggers <input type="checkbox"/> Factors maintaining problem, barriers to change <input checked="" type="checkbox"/> Past coping efforts <input type="checkbox"/> Other :		<b>Behavior Modification:</b>  <input type="checkbox"/> Self –monitoring: <input type="checkbox"/> Stimulus control: <input type="checkbox"/> Relaxation training <input checked="" type="checkbox"/> Mindfulness/ awareness skills <input type="checkbox"/> Emotion regulation <input type="checkbox"/> Behavioral Activation <input type="checkbox"/> Guided imagery hypnosis <input checked="" type="checkbox"/> Communication/ assertiveness skills <input checked="" type="checkbox"/> Problem-solving skills <input type="checkbox"/> Identification of dysfunctional thoughts/beliefs <input type="checkbox"/> Cognitive restructuring <input type="checkbox"/> Development of hierarchy of treatment targets <input type="checkbox"/> Exposure w/ response prevention <input type="checkbox"/> Systematic desensitization <input type="checkbox"/> Relapse prevention <input type="checkbox"/> Application of skills to problem situations/symptoms <input checked="" type="checkbox"/> Time management/organizational skills training <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Positive Reinforcement <input type="checkbox"/> Other self-management skills: <input type="checkbox"/> Other:																								
<b>Treatment planning, client education:</b> <input checked="" type="checkbox"/> Alliance Building <input type="checkbox"/> Review of client self-report form (changes noted below) <input type="checkbox"/> Psychoeducation re: problem & treatment <input checked="" type="checkbox"/> Discussion of treatment plan & goals		<b>Additional treatment resources discussed:</b>  <input checked="" type="checkbox"/> Psychiatric medications: <input checked="" type="checkbox"/> Medical provider: <input type="checkbox"/> Other: <input type="checkbox"/> Nutritionist <input type="checkbox"/> Psychological/Neuropsych testing <input type="checkbox"/> Couples' therapy <input type="checkbox"/> Group therapy <input type="checkbox"/> CogMed services <input type="checkbox"/> Career Counseling																								
<b>Emotional / insight-oriented treatment:</b> <input checked="" type="checkbox"/> Discussion of emotion(s): Hope <input checked="" type="checkbox"/> Emotional support <input type="checkbox"/> Discussion of fears/ internal conflicts about change <input checked="" type="checkbox"/> Role of past experience in current problem(s) <input type="checkbox"/> Other:		<b>Homework:</b> <input type="checkbox"/> Self monitoring: <input type="checkbox"/> stress <input type="checkbox"/> sleep <input type="checkbox"/> diet <input type="checkbox"/> thoughts <input type="checkbox"/> other: <input type="checkbox"/> Relaxation/Mindfulness practice: <input type="checkbox"/> Reading assignment: <input type="checkbox"/> Referrals made: <input type="checkbox"/> Other:																								
<b>Lifestyle modification interventions:</b> <input type="checkbox"/> Eating behavior <input checked="" type="checkbox"/> Sleep Hygiene <input type="checkbox"/> Management of stressors <input type="checkbox"/> Physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Pleasurable activities, self-care <input type="checkbox"/> Positive life goals <input type="checkbox"/> Improve social supports																										

<b>Safety Evaluation:</b> <input checked="" type="checkbox"/> No reported risk <input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Domestic Violence If present, intervention/plan:
<p><b>Narrative Summary:</b> Client presented with symptoms of AD/HD and anxiety. Discussed information he has learned about various diagnoses, specifically those pertaining to AD/HD and autism, and explored his thoughts about the way certain symptoms manifest for client. Reflected on the different presentations of attention deficit symptoms and explored client's experience of adrenaline versus dopamine deficiencies. Discussed client's plans for treatments and explored his understanding of the potential interaction effects of different treatments.</p> <p><b>If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 &amp; 2:</b></p> <p>1. <input type="checkbox"/> Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use</p> <p>2. <input type="checkbox"/> In my clinical judgment, extended psychotherapy sessions are warranted for the purpose of preventing, evaluating, diagnosing or treating this client's illness or its symptoms. These services are in accordance with generally accepted standards of practice, clinically appropriate for effective treatment of this client's illness, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. <u>Extended sessions will be used for the following treatment interventions</u> (check at least one box below):</p> <p><input type="checkbox"/> treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)</p> <p><input type="checkbox"/> treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)</p> <p><input type="checkbox"/> treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)</p> <p><input type="checkbox"/> treatment for panic disorder (e.g., CBT)</p> <p><input type="checkbox"/> treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)</p> <p><input type="checkbox"/> treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)</p> <p><input type="checkbox"/> treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)</p> <p><b>If 90785 COMPLEXITY Code indicated, please note relevant details here:</b></p> <p>1. <input type="checkbox"/> manage maladaptive communication that make tx difficult (<input type="checkbox"/> related to high anxiety; <input type="checkbox"/> related to n/v sx's; <input type="checkbox"/> related to high reactivity; <input type="checkbox"/> related to constricted affect; <input type="checkbox"/> related to tx resistance/non-compliance; <input type="checkbox"/> related to substance use; <input type="checkbox"/> other);</p> <p>2. <input type="checkbox"/> caregiver's emotions interfere with implementation of tx;</p> <p>3. <input type="checkbox"/> reporting to 3<sup>rd</sup> party mandated; 4. <input type="checkbox"/> use of play equipment, physical device, interpreter.</p> <p><b>If 90839/90840 CRISIS Code indicated, please note relevant details here:</b></p>		
<b>Plan and expected outcomes:</b> <input checked="" type="checkbox"/> relieve acute symptoms <input type="checkbox"/> return to baseline functioning; <input type="checkbox"/> improve baseline functioning across domains; <input type="checkbox"/> maintain current status/prevent deterioration; <input type="checkbox"/> coordinate care with other providers; <input type="checkbox"/> refer for additional services; <input type="checkbox"/> reassess treatment goals as follows: ; <input type="checkbox"/> treatment completed or suspended (see termination note)		<b>Next Session:</b> OR <input type="checkbox"/> X1 Week <input checked="" type="checkbox"/> X2 Weeks <input type="checkbox"/> X1 Month

Electronically signed on 10/20/2017 at 1:07 PM by Jefferson Crowe, PsyD



# Psychiatric Diagnostic Evaluation/Part I

Date: 10/6/2017

Start Time: 11:00

End Time: 12:00

Assessing Psychologist: Jefferson Crowe, PsyD

Appointment: 90791 Diagnostic Evaluation - Therapy 2

☐ 90839 crisis evaluation (initial 60m)☐ 1 unit ☐ 2 units +90840 crisis evaluation (add-on code with 90839 for up to 2 additional 30 minute units)☐ Supporting data for H&B assessment**Diagnostic Code/Narrative (must include both code and narrative)****ICD9:300.00** Unspecified anxiety disorder **ICD10:F41.9** Unspecified anxiety disorder Mental Disorder**ICD9:314.01** Unspecified attention-deficit/hyperactivity disorder **ICD10:F90.9** Unspecified attention-deficit/hyperactivity disorder Mental Disorder**ICD9:780.52** Other specified insomnia disorder **ICD10:G47.09** Other specified insomnia disorder Mental Disorder**ICD9:784.0** Headache **ICD10:R51** Headache General Medical

Provisional &lt;prov&gt; and Rule-Out &lt;R/O&gt; diagnoses

**IDENTIFYING INFORMATION**Present at evaluation: ☒ client ☐ other(s)

Age: 29

Biological Sex at Birth: Male Preferred Gender: Male

Race/Ethnicity: Asian-American Religious Affiliation (if any): TBD

Relationship Status:

☒ Single ☐ Dating ☐ Partnered ☐ Married ☐ Divorced/Separated ☐ WidowedSexual orientation: ☐ Heterosexual ☐ Gay ☐ Bisexual ☐ Other: TBD

Occupation: Student Referral Source:

**CRISIS ASSESSMENT:** Is this an urgent assessment of a crisis state and is the immediate presenting problem life threatening or complex enough to require immediate attention because of extreme distress? ☐ Yes ☒ No  
If no, use code 90791. If yes, use codes 90839 (initial 60m) and +90840 (each additional 30m) and document crisis here:

**INTERACTIVE COMPLEXITY:** ☐ Yes ☐ No

If yes, use code +90785 in conjunction with 90791 and indicate criteria:

- ☐ 1. Manage maladaptive communication that complicates care
  - ☐ related to high anxiety.
  - ☐ related to neuro-vegetative symptoms.
  - ☐ related to high reactivity.
  - ☐ related to treatment resistance/non-compliance.
  - ☐ related to substance use.
- ☐ 2. Manage situation in which caregivers emotions (e.g. parent) or behaviors interfere with caregiver's ability to assist with the implementation of treatment.
- ☐ 3. Evidence of disclosure of abuse or neglect for which I am a mandated reporter (*criteria noted below*).
- ☐ 4. Use of play equipment, physical devices, or interpretation to overcome barriers to communication.

Rationale for Interactive Complexity:

If **CONTINUING ASSESSMENT**, rationale for additional assessment: 2<sup>nd</sup> assessment session needed to complete full psychosocial evaluation.

**Brief description of reason for seeking treatment (including comprehensive symptom profile and impact of symptoms on functionality across domains):** Client reports that he was recently diagnosed with an anxiety disorder as well as AD/HD and features of an autism spectrum diagnosis. He stated that his has drastically improved his functioning and that he has been able to moderate many of the symptoms independently and with the introduction of Adderall. He described wanting to use therapy to learn more about how to best manage the symptoms associated with these diagnoses.

**Current prescriptions and over-the-counter medications and prescriber information (for additional medical information, see CPA Client Self-Report Form):**

Client currently takes Adderall 60mg/day. He noted that he has previously taken Prozac, Lithium, and a Beta-blocker, but discontinued because he felt they were ineffective.

**PSYCHOSOCIAL HISTORY (comprehensive description of client's history, including family history of mental illness or substance use— see CPA Client Self-Report Form for additional information):**

Client reports that he is currently a full-time student and described a history of perceived underachievement. He reports that he used to have good friends and devote more energy to social interaction, but stated that he has currently stepped away from relationships to focus on academic study. Client reports that his closest relationships are with his parents, but provided few details about them. He noted a likely family history of anxiety.

Client reports that he moved to the United States at the age of 7-8 and was placed in school with little to no knowledge of the English language. He described spending much of time at school sleeping or playing video games and only minimally participating in class, except for in math classes where he excelled. He stated that he had little interaction with peers at school and was frequently bullied. He also noted that he mostly kept to himself at home as well and generally chose to not interact with people unless necessary.

*(While the following items may have been address in the comprehensive Psychosocial History above, please indicate mental status, intellectual functioning, risk and treatment contradictions below)*

**MENTAL STATUS****Comments**

<b>Appearance and Behavior</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Other	Client appeared more focused and alert than average during the session
<b>Orientation</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	
<b>Speech</b> rate, volume, articulation, coherence, spontaneity, preservation, paucity of language	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	
<b>Thought Process</b> rate, content, logic, tangential, abstract, reasoning, computation	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	
<b>Associations</b> loose, tangential, circumstantial, intact	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	

**SENSORIUM/INTELLECTUAL FUNCTIONING****Comments**

<b>Attention and Concentration</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	
<b>Memory</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	
<b>Intelligence Level</b> including knowledge fund	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	
<b>Judgement</b> re: everyday activities, social situations	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Other	
<b>Insight</b> into psychiatric condition	<input type="checkbox"/> Normal	<input type="checkbox"/> Other	To be determined if client exhibited good insight or potentially grandiose ideas about his functioning
<b>Mood</b> as reported by patient: euthymic			
<b>Predominant affect:</b> mood-congruent			

**RISK BEHAVIORS**

History of suicidal or homicidal ideation or attempts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Details: Client reported researching suicide extensively, but denied experiencing ideation.		
Current suicide/homicide risk:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ideation <input type="checkbox"/> Place <input type="checkbox"/> Access <input type="checkbox"/> Intent
History of self-injurious behaviors:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Details:		

Currently engaging in self-injurious behaviors? ☐ Yes ☒ No  
Details:

### PRESENCE OF POTENTIAL CONTRAINDICATIONS TO OUTPATIENT PSYCHOTHERAPY

<input type="checkbox"/> Yes <input type="checkbox"/> No	Past/Current major psychiatric disorder TBD
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Abuse of alcohol or prescription/nonprescription drugs—for additional information see <i>CPA Client Self-Report Form</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Presence of organic brain disease or other condition that might impair competence to give informed consent or comprehend need for behavior change
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	History of non-compliance
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Absence of distress about presenting problem or absence of motivation to address problem
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other evidence that symptoms are serving a vital function in homeostasis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unrealistic expectation of treatment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of ambivalence about treatment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mandated for treatment (by school, court, etc.)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other concern about ability to comply with treatment

### CPA/CFPS Policies

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Understands and agrees to CPA/CFPS cancellation policy?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Informed about limits of confidentiality? <input checked="" type="checkbox"/> Duty to Warn <input checked="" type="checkbox"/> Mandated Reporter
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signed consent to coordinate care?

### Impressions/Assessment:

Client reports experiencing symptoms of anxiety and AD/HD, as well as features of an autism-spectrum diagnosis. He stated that he struggles at times with sleep and managing anxiety, and wants to learn more effective coping strategies.

Disposition: ☐ No further assessment or treatment is warranted  
☐ Further MH Assessment scheduled  
☐ Behavioral Health Assessment is scheduled  
☒ Treatment will begin with Assessing Psychologist  
☐ Treatment will begin with other provider:

*(This treatments plan format is designed to coordinate with the format of progress notes in order to indicate progress on measurable goals)*

### TREATMENT PLAN

#### Problem 1: Anxiety Symptoms

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Baseline at assessment			mild			moderate			severe

Intervention Plan: Cognitive behavioral strategies to challenge anxious thoughts, coping skills for anxiety and sleep

Treatment Goal: Reduce symptoms of anxiety by 25%

Problem 2: AD/HD Symptoms

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Baseline at assessment		mild		moderate		severe			

Intervention Plan: Time management, organizational, and prioritization strategies

Treatment Goal: Maintain reduced symptoms of inattention

Problem 3:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Baseline at assessment		mild		moderate		severe			

Intervention Plan:

Treatment Goal:

Contact made with other health care provider(s)? ☐ No  
☐ Yes, by telephone as documented in Medical record  
☒ Yes (letter(s) in file)  
☒ Other:

*Electronically signed on 10/6/2017 at 12:25 PM by Jefferson Crowe, PsyD*

# Psychiatric Diagnostic Evaluation/Part I

Date: 9/29/2017

Start Time: 12:00

End Time: 1:00

Assessing Psychologist: Jefferson Crowe, PsyD

Appointment: 90791 Diagnostic Evaluation - Therapy

☐ 90839 crisis evaluation (initial 60m)☐ 1 unit ☐ 2 units +90840 crisis evaluation (add-on code with 90839 for up to 2 additional 30 minute units)☐ Supporting data for H&B assessment**Diagnostic Code/Narrative (must include both code and narrative)****ICD9:300.00** Unspecified anxiety disorder **ICD10:F41.9** Unspecified anxiety disorder Mental Disorder**ICD9:314.01** Unspecified attention-deficit/hyperactivity disorder **ICD10:F90.9** Unspecified attention-deficit/hyperactivity disorder Mental Disorder**ICD9:780.52** Other specified insomnia disorder **ICD10:G47.09** Other specified insomnia disorder Mental Disorder**ICD9:784.0** Headache **ICD10:R51** Headache General Medical

Provisional &lt;prov&gt; and Rule-Out &lt;R/O&gt; diagnoses

**IDENTIFYING INFORMATION**Present at evaluation: ☒ client ☐ other(s)

Age: 29

Biological Sex at Birth: Male Preferred Gender: Male

Race/Ethnicity: Asian-American Religious Affiliation (if any): TBD

Relationship Status:

☒ Single ☐ Dating ☐ Partnered ☐ Married ☐ Divorced/Separated ☐ WidowedSexual orientation: ☐ Heterosexual ☐ Gay ☐ Bisexual ☐ Other: TBD

Occupation: Student Referral Source:

**CRISIS ASSESSMENT:** Is this an urgent assessment of a crisis state and is the immediate presenting problem life threatening or complex enough to require immediate attention because of extreme distress? ☐ Yes ☒ No  
If no, use code 90791. If yes, use codes 90839 (initial 60m) and +90840 (each additional 30m) and document crisis here:

**INTERACTIVE COMPLEXITY:** ☐ Yes ☐ No

If yes, use code +90785 in conjunction with 90791 and indicate criteria:

- ☐ 1. Manage maladaptive communication that complicates care
  - ☐ related to high anxiety.
  - ☐ related to neuro-vegetative symptoms.
  - ☐ related to high reactivity.
  - ☐ related to treatment resistance/non-compliance.
  - ☐ related to substance use.
- ☐ 2. Manage situation in which caregivers emotions (e.g. parent) or behaviors interfere with caregiver's ability to assist with the implementation of treatment.
- ☐ 3. Evidence of disclosure of abuse or neglect for which I am a mandated reporter (*criteria noted below*).
- ☐ 4. Use of play equipment, physical devices, or interpretation to overcome barriers to communication.

Rationale for Interactive Complexity:

If **CONTINUING ASSESSMENT**, rationale for additional assessment:

**Brief description of reason for seeking treatment (including comprehensive symptom profile and impact of symptoms on functionality across domains):** Client reports that he was recently diagnosed with an anxiety disorder as well as AD/HD and features of an autism spectrum diagnosis. He stated that his has drastically improved his functioning and that he has been able to moderate many of the symptoms independently and with the introduction of Adderall. He described wanting to use therapy to learn more about how to best manage the symptoms associated with these diagnoses.

**Current prescriptions and over-the-counter medications and prescriber information (for additional medical information, see CPA Client Self-Report Form):**

Client currently takes Adderall 60mg/day. He noted that he has previously taken Prozac, Lithium, and a Beta-blocker, but discontinued because he felt they were ineffective.

**PSYCHOSOCIAL HISTORY (comprehensive description of client's history, including family history of mental illness or substance use— see CPA Client Self-Report Form for additional information):**

Client reports that he is currently a full-time student and described a history of perceived underachievement. He reports that he used to have good friends and devote more energy to social interaction, but stated that he has currently stepped away from relationships to focus on academic study. Client reports that his closest relationships are with his parents, but provided few details about them. He noted a likely family history of anxiety.

*(While the following items may have been address in the comprehensive Psychosocial History above, please indicate mental status, intellectual functioning, risk and treatment contradictions below)*

**MENTAL STATUS****Comments**

<b>Appearance and Behavior</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Other	Client appeared somewhat uniquely focused and alert during the session
<b>Orientation</b>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	
<b>Speech</b> rate, volume, articulation, coherence, spontaneity, preservation, paucity of language	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	
<b>Thought Process</b> rate, content, logic, tangential, abstract, reasoning, computation	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	
<b>Associations</b> loose, tangential, circumstantial, intact	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	

**SENSORIUM/INTELLECTUAL FUNCTIONING****Comments**

<b>Attention and Concentration</b>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	
<b>Memory</b>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	
<b>Intelligence Level</b> including knowledge fund	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	
<b>Judgement</b> re: everyday activities, social situations	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other	
<b>Insight</b> into psychiatric condition	<input type="checkbox"/> Normal <input type="checkbox"/> Other	To be determined if client exhibited good insight or potentially grandiose ideas about his functioning
<b>Mood</b> as reported by patient: euthymic, bordering on euphoric		
<b>Predominant affect:</b> mood-congruent		

**RISK BEHAVIORS**

History of suicidal or homicidal ideation or attempts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details: Client reported researching suicide extensively, but denied experiencing ideation.
Current suicide/homicide risk: <input checked="" type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Place <input type="checkbox"/> Access <input type="checkbox"/> Intent
History of self-injurious behaviors: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:
Currently engaging in self-injurious behaviors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:

**PRESENCE OF POTENTIAL CONTRAINDICATIONS TO OUTPATIENT PSYCHOTHERAPY**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Past/Current major psychiatric disorder TBD
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Abuse of alcohol or prescription/nonprescription drugs—for additional information see <i>CPA Client Self-Report Form</i>



<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Presence of organic brain disease or other condition that might impair competence to give informed consent or comprehend need for behavior change
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	History of non-compliance
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Absence of distress about presenting problem or absence of motivation to address problem
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other evidence that symptoms are serving a vital function in homeostasis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unrealistic expectation of treatment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of ambivalence about treatment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mandated for treatment (by school, court, etc.)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other concern about ability to comply with treatment

**CPA/CFPS Policies**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Understands and agrees to CPA/CFPS cancellation policy?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Informed about limits of confidentiality? <input checked="" type="checkbox"/> Duty to Warn <input checked="" type="checkbox"/> Mandated Reporter
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signed consent to coordinate care?

**Impressions/Assessment:**

Client reports experiencing symptoms of anxiety and AD/Hd, as well as features of an autism-spectrum diagnosis.

- Disposition:
- ☐ No further assessment or treatment is warranted
  - ☐ Further MH Assessment scheduled
  - ☐ Behavioral Health Assessment is scheduled
  - ☒ Treatment will begin with Assessing Psychologist
  - ☐ Treatment will begin with other provider:

*(This treatments plan format is designed to coordinate with the format of progress notes in order to indicate progress on measurable goals)*

**TREATMENT PLAN****Problem 1: Anxiety Symptoms**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Baseline at assessment		mild		moderate		severe			

**Intervention Plan:****Treatment Goal:****Problem 2: AD/HD Symptoms**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Baseline at assessment		mild		moderate		severe			

Client Name: Bo Shang

DOB: 06/06/88

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Intervention Plan: TBD

Treatment Goal: TBD

Problem 3:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
mild		moderate				severe			

Intervention Plan:

Treatment Goal:

Contact made with other health care provider(s)?

- ☐ No
- ☐ Yes, by telephone as documented in Medical record
- ☒ Yes (letter(s) in file)
- ☐ Other:

*Electronically signed on 9/29/2017 at 3:17 PM by Jefferson Crowe, PsyD*