Appointment: 90834 Psychoth	erapy 38-52 Min		Date: 5/14/2 Start time: 1 End time: 1	11:15	Present: ⊠ client ☐ other(s)
				t: Jefferson Crowe, PsyD	Session No: 21
Diagnostic Code/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	Provisiona	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	tule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate sev	ere		Over-all patient function	oning
Problem 1:AD/HD Symptoms Problem 2:Anxiety	Current Status (Compared to baseline): No			General Observations: Orientation: time, place, Thought process: goal or	person and self riented and logical,
Problem 3:	1 2 3 4 5 6 7 8 9 Current Status (Compared to baseline): No  1 2 3 4 5 6 7 8 9  1 2 3 4 5 6 7 8 9  Current Status (Compared to baseline): No	Change		Appearance: appropriate Affect: contricted Mood: euthymic Attention: appropriate Speech: normal Other:	:
	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  l treatment: Happiness al conflicts about change current problem(s)  ventions: care	Sel:   Stir Rel   Mir   Rel   Mir   Rel   Rel	blem-solving ntification of or gnitive restructive pelopment of hossure w/respetematic desensapse preventional production of skiller management skills itive Reinforcer self-manager:	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement ement skills:  resources discussed: cations:	rgets  s/symptoms aining  ical/Neuropsych testing
Relaxation/Mindfulness practice Reading assignment: Referrals made: Other:					

Mental Health Psychotherapy Progress Note
Client name: Bo Shang
DOB: 06/06/88
page 2

Safety Evaluation:	No reported risk	Suicidal Ideation	Homicidal Ideation	Domestic Violence			
	Self-Injurious Behavior	Substance Abuse	If present, intervention/plan:				
Narrative Summary: 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.							
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. ☐ Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use  2. ☐ 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):  ☐ treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)  ☐ treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)  ☐ treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)  ☐ treatment for panic disorder (e.g., CBT)  ☐ treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)  ☐ treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)							
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:							
			Session: OR X1 Week X2 Weel	ks X1 Month			
· -	mprove baseline functioning across domains;			_			
current status/prever	nt deterioration; coordinate care with otl	ner providers;					
refer for addition	nal services;  reassess treatment goals as	follows:;					
treatment comp	eleted or suspended (see termination note)						

Electronically signed on 5/14/2018 at 12:00 PM by Jefferson Crowe, PsyD

Disgnostic Code/Narrative   CDP:300 00 Unspecified anxiety disorder   CDI0;741 01 Unspecified anxiety disorder   CDI0;742 01 Unspecified anxiety disorder   CDI0;743 01 Unspecified anxiety disorder   CDI0;744 01 Unspecified anxiety disorde	Appointment: 90834 Psychoth	erapy 38-52 Min		Date: 4/23/2 Start time: End time: 1	10:00 0:45	Present:  client other(s)
Assessment and progress   Mild   moderate   severe   Over-all patient functioning	Diagnostic Code/Narrative	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	Provisional			
Symptoms	Assessment and progress	Mild moderate sever	·e		Over-all patient function	oning
Evaluation & Discussion of problem(s):  Assessment/Evaluation  Crisis management  Symptom frequency / severity / Other details  Factors Contributing to problem, triggers  Factors maintaining problem, barriers to change  Past coping efforts  Other:  Treatment planning, client education:  Alliance Building  Relavation regulation  Problem-solving skills  Past eview of client self-report form (changes noted below)  Psychoeducation re: problem & treatment  Discussion of treatment plan & goals  Emotional / insight-oriented treatment:  Discussion of fenotion(s): Anxiety, Happiness  Emotional support  Discussion of fears' internal conflicts about change  Below of past experience in current problem(s)  Other:    Medical provider:   Capital treatment resources discussed:   Management of stressors   Management of stressors   Management of stressors   Medical provider:   Other:   Other:   Stimulus control:   Mindfulness' awarcness skills   Emotion regulation   Behavioral Activation   Guided imagery hypnosis   Communication/ assertiveness skills   Communication/ assertiveness skills   Communication/ assertiveness skills   Communication/ assertiveness skills   Communication of dysfunctional thoughts/beliefs   Cognitive restructuring   Development of hierarchy of treatment targets   Exposure w/ response prevention   Exposure w/ response prevention   Relapse prevention   Application of skills to problem situations/symptoms   Time management/organizational skills training   Parenting Skills   Time management/organizational skills training   Parenting Skills   Other:   Cating behavior   Sleep Hygiene   Additional treatment resources discussed:   Psychiatric medications:   Psychiatric medications:   Psychiatric medications:   Psychological/Neuropsych testing   Positive Reinforcement   Other:   Other:	Symptoms  Problem 2:Anxiety	1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No 6  1 2 3 4 5 6 7 8 9 10  1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): Impr	Change  Change  Change		General Observations: Orientation: time, place, Thought process: goal o Appearance: appropriate Affect: contricted Mood: euthymic Attention: appropriate	person and self riented and logical,
Self -monitoring:   Self -monitoring:   Stimulus control:   Stimulus control:   Stymptom frequency / severity / Other details   Stymptom frequency / severity / Other details   Stimulus control:   Stimulu		Current Status (Compared to baseline): No C	Change			
☐ Self monitoring: ☐ stress ☐ sleep ☐ diet ☐ thoughts ☐ other: ☐ Relaxation/Mindfulness practice:	Assessment/Evaluation □ Crisis management □ Symptom frequency / seve □ Factors Contributing to pro □ Factors maintaining proble □ Past coping efforts □ Other:  Treatment planning, client o □ Alliance Building □ Review of client self-report □ Discussion of treatment pl □ Discussion of treatment pl □ Discussion of emotion(s): □ Emotional / insight-oriented □ Discussion of fears/ intern □ Discussion of fears/ intern □ Role of past experience in □ Other:  Lifestyle modification interv □ Eating behavior □ Sleep Hygiene □ Management of stressors □ Physical activity □ Smoking □ Pleasurable activities, self □ Positive life goals □ Improve social supports  Homework: □ Self monitoring: □ stress	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Anxiety, Happiness al conflicts about change current problem(s)  ventions:	Self   Stim   Relation   Relation   Stim   Relation   Stim   Relation   Stim   Stim	F-monitoring nulus control: axation training dfulness/ awa otion regulation regulation avoid a Activided imagery Immunication of the control	ng ng nreness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/be turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tre ement ement skills:  resources discussed: cations:  □ Other: □ Psycholog □ Group ther	rgets //symptoms aining ical/Neuropsych testing

Mental Health Psychotherapy Progress Note
Client name: Bo Shang
DOB: 06/06/88
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Safety Evaluation:	No reported risk ☐Self-Injurious Behavior	Suicidal Ideation Substance Abuse	Homicidal Ideation If present, intervention/plan:	Domestic Violence			
Narrative Summary: 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.							
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use  2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)   treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)   treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)   treatment for panic disorder (e.g., CBT)   treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)   treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)							
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □use of play equipment, physical device, interpreter.							
If 90839/90840 CRISIS Code indicated, please note relevant details here:   Plan and expected outcomes:							
· -	prove baseline functioning across domains;		At Session. ORA1 weekA2 week	72 TVI MOHIII			
· · · ·	t deterioration; coordinate care with oth						
I — ·	al services; reassess treatment goals as	* '					
ı =	leted or suspended (see termination note)	,					

Electronically signed on 4/23/2018 at 8:15 PM by Jefferson Crowe, PsyD

Appointment: 90834 Psychothe	erapy 38-52 Min		Date: 4/9/20		Present: \( \text{ client}
			Start time: 1 End time: 1		other(s)
				t: Jefferson Crowe, PsyD	Session No: 19
Diagnostic Code/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		ule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
Problem 1:AD/HD				□Poor ⊠Fair □	Good Excellent
Symptoms	1 2 3 4 5 6 7 8 9 10				DACCHEIR
Symptoms	Current Status (Compared to baseline): No Ch	nange		General Observations: Orientation: time, place,	nerson and self
Problem 2:Anxiety	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No Ch	nange		Thought process: goal or Appearance: appropriate Affect: contricted Mood: apathetic	iented and logical,
Problem 3:	1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No Ch	nange		Attention: appropriate Speech: normal Other:	
	Current Status (Compared to Caseline). The Cr	ge			
Evaluation & Discussion of p  Assessment/Evaluation  Crisis management  Symptom frequency / seve Factors Contributing to pro Factors maintaining proble Past coping efforts  Other:  Treatment planning, client e  Alliance Building Review of client self-report Psychoeducation re: proble Discussion of treatment planicus of treatment planicus of fears/ international support Discussion of fears/ international control Role of past experience in Other:  Lifestyle modification interver Eating behavior Sleep Hygiene	erity / Other details oblem, triggers em, barriers to change  education:  et form (changes noted below) em & treatment an & goals  treatment: Anxiety, Fear al conflicts about change current problem(s)	Self	olem-solving tification of onitive restructed period with the control of the cont	ng ureness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/be turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra	gets /symptoms
☐ Management of stressors					
☐ Physical activity ☐ Smoking ☐ Pleasurable activities, self- ☐ Positive life goals	care	Med     Nutr     Nutr	chiatric medic lical provider ritionist ples' therapy	: Other:	cal/Neuropsych testing
☐ Improve social supports			Med services		
Homework:  Self monitoring: stress Relaxation/Mindfulness prac Reading assignment: Referrals made: Other:	sleep diet thoughts other:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang
DOB: 06/06/88
page 2

Safety Evaluation:	No reported risk	Suicidal Ideation	n Homicida	al Ideation	Domestic Violence		
	Self-Injurious Behavior	Substance Abuse	e If present, in	tervention/plan:			
Narrative Summary: 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.							
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)   treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)   treatment for generalized anxiety disorder or unspecified anxiety disorder (e.g., CBT)   treatment for panic disorder (e.g., CBT)   treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)   treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)							
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □ related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:							
			Next Session: OR	X1 Week X2 Wee	eks X1 Month		
· -	prove baseline functioning across domains;	maintain	_		_ <del>_</del>		
1 — '	deterioration; coordinate care with oth						
I ==	al services; reassess treatment goals as	follows:;					
I I treatment comple	atad or suspanded (see termination note)						

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

Appointment: 90834 Psychothe	erapy 38-52 Min		<b>Date:</b> 3/19/2		Present: \( \sigma \) client
			Start time: 1 End time: 1		other(s)
				st: Jefferson Crowe, PsyD	Session No: 18
Diagnostic Code/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		Rule-Out <r o=""> diagnoses:</r>	
Assessment and progress	Mild moderate severe	,		Over-all patient function	oning
Problem 1:AD/HD Symptoms	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No C			General Observations: Orientation: time, place,	
Problem 2:Anxiety	1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No C			Thought process: goal or Appearance: appropriate Affect: flat Mood: flat	riented and logical,
Problem 3:	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No C			Attention: appropriate Speech: normal Other:	
Evaluation & Discussion of passessment/Evaluation  Crisis management  Symptom frequency / seventy factors Contributing to professes Factors maintaining problety Past coping efforts  Other:  Treatment planning, client end Alliance Building  Review of client self-reporty Psychoeducation re: problety Discussion of treatment planty Emotional / insight-oriented  Discussion of emotion(s): A Emotional support  Discussion of fears/ internaty Role of past experience in Cother:  Lifestyle modification interverses Sleep Hygiene  Management of stressors  Physical activity  Smoking  Pleasurable activities, self-Positive life goals  Improve social supports  Homework:  Self monitoring: stress	rrity / Other details bellem, triggers em, barriers to change  ducation:  It form (changes noted below) em & treatment an & goals  treatment: Anxiety, Fear al conflicts about change current problem(s)  entions:  care	Self   Stin   Rela   Stin   Rela   Stin   Rela   Stin   Stin	blem-solving s ntification of c gnitive restructivelopment of h posure w/ respetematic desensapse preventic polication of sk ne management enting Skills itive Reinforcter self-managements	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra tement tement skills:  resources discussed: cations:  Cother:  Psychologi Group ther	rgets /symptoms aining ical/Neuropsych testing
☐ Relaxation/Mindfulness prac ☐ Reading assignment: ☐ Referrals made: ☐ Other:					

Mental Health Psychotherapy Progress Note
Client name: Bo Shang DOB: 06/06/88

Safety Evaluation:	No reported risk	Suicidal Ideati	on Homicidal Ideation	Domestic Violence			
	Self-Injurious Behavior	Substance Abu	se If present, intervention/	plan:			
relationships with his medication for sympt	Narrative Summary: 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.						
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:    Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use   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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)    treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)    treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)    treatment for panic disorder (e.g., CBT)    treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)    treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)    treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)							
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:							
		return to baseline	Next Session: x3 Weeks OR X1	Week X2 Weeks X1 Month			
l	prove baseline functioning across domains;	' <b>—</b>	AT MEETS OR AT	THE TALL WEEKS THE PROBLEM			
current status/prevent	·	_					
refer for addition							
I ==	leted or suspended (see termination note)	ŕ					

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

Appointment: 90834 Psychothe	erapy 38-52 Min		Date: 3/5/20		Present: \( \simeg \text{ client}
			Start time: 1 End time: 1	* *	other(s)
				t: Jefferson Crowe, PsyD	Session No: 18
Diagnostic Code/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		ule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
Problem 1:AD/HD				□Poor ⊠Fair □	Good Excellent
Symptoms	1 2 3 4 5 6 7 8 9 10				
Problem 2:Anxiety Problem 3:	Current Status (Compared to baseline): No Ch			General Observations: Orientation: time, place, Thought process: goal or Appearance: appropriate Affect: flat Mood: flat Attention: appropriate	riented and logical,
	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No Ch	nange		Speech: normal Other:	
Evaluation & Discussion of    Assessment/Evaluation   Crisis management   Symptom frequency / seve   Factors Contributing to pro   Factors maintaining proble   Past coping efforts   Other :  Treatment planning, client e   Alliance Building   Review of client self-report   Psychoeducation re: proble   Discussion of treatment planicus   Emotional / insight-oriented   Discussion of fears/ internation   Emotional support   Discussion of fears/ internation   Role of past experience in   Other:  Lifestyle modification interver   Eating behavior	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Frustration, Anger al conflicts about change current problem(s)	Self	elem-solving tification of on titive restructed per source we respectively the source we respectively to the source we will be source with the source will be source with the source we will be source with the source will be source with th	ng ureness skills on attion uypnosis assertiveness skills skills dysfunctional thoughts/be turing uierarchy of treatment tar onse prevention sitization on ills to problem situations ut/organizational skills tra ement	gets /symptoms
	-care	Psyc Nutr	chiatric medicical provider itionist ples' therapy Med services	: □Other: ☑ Psychologi □ Group ther	
Homework:  ☐ Self monitoring: ☐ stress ☐ Relaxation/Mindfulness prac	☐ sleep ☐ diet ☐ thoughts ☐ other:				
☐ Reading assignment: ☐ Referrals made: ☐ Other:					

Mental Health Psychotherapy Progress Note
Client name: Bo Shang DOB: 06/06/88

Safety Evaluation:	No reported risk	Suicidal Ideation	Homicidal Ideation	Domestic Violence			
	Self-Injurious Behavior	Substance Abuse	e If present, intervention/plan:				
Narrative Summary: 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.							
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)     treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)     treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)     treatment for panic disorder (e.g., CBT)     treatment for panic disorder (e.g., parent/child interaction treatment, functional family therapy, etc.)     treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)							
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:							
	outcomes: relieve acute symptoms r		Next Session: OR X1 Week X2 Week	ks X1 Month			
	prove baseline functioning across domains;		TOTAL SESSION. OIL	Li			
current status/prevent							
l —	nal services; reassess treatment goals as						
treatment compl	leted or suspended (see termination note)						

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 ${\it Electronically signed on 3/5/2018 at 2:14 PM by Jefferson Crowe, PsyD}$ 

Appointment: 90834 Psychoth	erapy 38-52 Min		Date: 2/16/2 Start time:	11:00	Present: ⊠ client ☐ other(s)
			End time: 1 Psychologis	t: Jefferson Crowe, PsyD	Session No: 17
Diagnostic Code/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	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	tule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate seve	re		Over-all patient function	oning
Problem 1:AD/HD Symptoms	Current Status (Compared to baseline): No	□ 0 Change		☐Poor ☐Fair ☐  General Observations: Orientation: time, place, Thought process: goal or	
Problem 2:Anxiety Problem 3:		Change		Appearance: appropriate Affect: flat Mood: flat Attention: appropriate Speech: normal	
	Current Status (Compared to baseline): No	Change		Other:	
Evaluation & Discussion of  Assessment/Evaluation  Crisis management  Symptom frequency / seve Factors Contributing to pre Factors maintaining proble Past coping efforts  Other:  Treatment planning, client of Alliance Building Review of client self-report Psychoeducation re: proble Discussion of treatment pl  Emotional / insight-oriented Discussion of fears/ intern Role of past experience in Other:  Lifestyle modification interv Eating behavior Sleep Hygiene Management of stressors Physical activity Smoking Pleasurable activities, self- Positive life goals Improve social supports	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Sadness, Anger al conflicts about change current problem(s)	Self   Stim   Relation   Stim   Relation   Stim   Relation   Stim   St	blem-solving ntification of of gnitive restruct relopment of l cosure w/ resp tematic desen apse preventional plication of sk the management enting Skills titive Reinforce er self-manager:	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement ement skills:  resources discussed: cations:	/symptoms aining  ccal/Neuropsych testing
Homework:  Self monitoring: stress Relaxation/Mindfulness pract Reading assignment: Referrals made: Other:	sleep diet thoughts other:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang
DOB: 06/06/88
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Safety Evaluation:	⊠No reported risk	Suicidal Ideation	Homicidal Ideation	Domestic Violence		
	Self-Injurious Behavior	Substance Abuse	If present, intervention/plan:			
Narrative Summary: 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.						
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. ☐ Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use  2. ☐ 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):  ☐ treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)  ☐ treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)  ☐ treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)  ☐ treatment for panic disorder (e.g., CBT)  ☐ treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)  ☐ treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)						
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:						
			Session: OR X1 Week X2 Weel	ks X1 Month		
· -	nprove baseline functioning across domains;			<del></del>		
current status/preven		her providers;				
refer for addition	, 🗖	s follows:;				
treatment comp	eleted or suspended (see termination note)					

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

Appointment: 90834 Psychoth	erapy 38-52 Min		Date: 2/6/20 Start time: 1 End time: 1	1:00	Present: ⊠ client ☐ other(s)
				t: Jefferson Crowe, PsyD	Session No: 16
Diagnostic Code/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	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	tule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate seve	re		Over-all patient function	oning
Problem 1:AD/HD Symptoms	Current Status (Compared to baseline): No	□ 0 Change		☐Poor ☐Fair ☐  General Observations: Orientation: time, place, Thought process: goal or	
Problem 2:Anxiety  Problem 3:		Change  0		Appearance: appropriate Affect: mood congruent Mood: stressed Attention: appropriate Speech: normal Other:	
	Current Status (Compared to baseline): No	Change		Otner:	
Evaluation & Discussion of  Assessment/Evaluation  Crisis management  Symptom frequency / seve Factors Contributing to pre Factors maintaining proble Past coping efforts  Other:  Treatment planning, client et Alliance Building Review of client self-report Psychoeducation re: proble Discussion of treatment pl  Emotional / insight-oriented Discussion of emotion(s): Emotional support Discussion of fears/ intern Role of past experience in Other:  Lifestyle modification interv Eating behavior Sleep Hygiene Management of stressors Physical activity Smoking Pleasurable activities, self- Positive life goals Improve social supports	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Irritation al conflicts about change current problem(s)	Self   Stim   Relation   Stim   Relation   Stim   Relation   Stim   St	olem-solving attification of a nitive restructed pment of hosure w/respectation of skeep revention of skeep management of skills tive Reinforcer self-management:	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement ement skills:  resources discussed: cations:	gets /symptoms aining cal/Neuropsych testing
Homework:  Self monitoring:  stress Relaxation/Mindfulness prac Reading assignment: Referrals made: Other:	☐ sleep ☐ diet ☐ thoughts ☐ other:	1	222 221 11003		

Client name: Bo Shang

Homicidal Ideation Safety Evaluation: No reported risk Suicidal Ideation \_\_\_Domestic Violence Self-Injurious Behavior Substance Abuse If present, intervention/plan: Narrative Summary: 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. If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2: 1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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): treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) treatment for panic disorder (e.g., CBT) treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,) If 90785 COMPLEXITY Code indicated, please note relevant details here: 1. Imanage maladaptive communication that make tx difficult ( related to high anxiety; related to n/v sxs; related to high reactivity; related to constricted affect; ☐ related to tx resistance/non-compliance; ☐ related to substance use; ☐ other); 2.  $\square$  caregiver's emotions interfere with implementation of tx; 3.  $\square$  reporting to  $3^{rd}$  party mandated; 4.  $\square$  use of play equipment, physical device, interpreter. If 90839/90840 CRISIS Code indicated, please note relevant details here: Next Session: OR X1 Week X2 Weeks X1 Month **Plan and expected outcomes**: Prelieve acute symptoms return to baseline

DOB: 06/06/88

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

functioning; improve baseline functioning across domains; maintain current status/prevent deterioration; coordinate care with other providers; refer for additional services; reassess treatment goals as follows:;

treatment completed or suspended (see termination note)

Appointment: 90834 Psychothe	erapy 38-52 Min		Date: 1/26/2		Present: \( \text{ client}
			Start time: 1 End time: 1		other(s)
				t: Jefferson Crowe, PsyD	Session No: 15
Diagnostic Code/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		ule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
D 11 1 AD/IID				□Poor ⊠Fair □	Good Excellent
Problem 1:AD/HD Symptoms	1 2 3 4 5 6 7 8 9 10				Good Execution
Symptoms	Current Status (Compared to baseline): Impro	ved		General Observations: Orientation: time, place,	nerson and self
Problem 2:Anxiety	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No Cl	nange		Thought process: goal or Appearance: appropriate Affect: mood congruent Mood: euthymic	riented and logical,
Problem 3:	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			Attention: appropriate Speech: normal	
	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No Ch	nange		Other:	
Evaluation & Discussion of J  Assessment/Evaluation Crisis management Symptom frequency / seve Factors Contributing to pro Factors maintaining proble Past coping efforts Other:  Treatment planning, client e Alliance Building Review of client self-repor Psychoeducation re: proble Discussion of treatment plancing of treatment plancing in the property of the property	problem(s):  prity / Other details poblem, triggers em, barriers to change  rducation:  et form (changes noted below) em & treatment an & goals  treatment: Happiness al conflicts about change current problem(s)	Behavior  Self Stin Rela Min Beh Gui Con Prod Iden Cog Prod App Syst App Tim Pare	olem-solving stification of contitive restructive leopment of hosure w/ respectation of skeep revention of skeep managementing Skills tive Reinforcer self-managementing skills	ng ureness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/be turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra	gets /symptoms
☐ Management of stressors ☐ Physical activity			chiatric medic		
<ul><li>☐ Smoking</li><li>☐ Pleasurable activities, self-</li></ul>	care		lical provider itionist		cal/Neuropsych testing
Positive life goals			ples' therapy	Group ther	ару
Improve social supports  Homework:		L Cog	Med services	Career Cou	nsenng
☐ Self monitoring: ☐ stress ☐ Relaxation/Mindfulness prac ☐ Reading assignment: ☐ Referrals made: ☐ Other:	☐ sleep ☐ diet ☐ thoughts ☐ other:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang DOB: 06/06/88

Safety Evaluation:	No reported risk	Suicidal Ideati	on Homicidal Ideation	Domestic Violence		
	Self-Injurious Behavior	Substance Abu	If present, intervention/plan:			
Narrative Summary: 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.						
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)   treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)   treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)   treatment for DCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)   treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)   treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)						
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:						
		return to baseline	Next Session: OR X1 Week X2 We	eeks X1 Month		
l	prove baseline functioning across domains;		AZ WEEK AZ WEEK	A I WOULD		
current status/preven	·					
l — '	nal services; reassess treatment goals as					
I ==	leted or suspended (see termination note)	ŕ				

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

Appointment: 90834 Psychothe	erapy 38-52 Min		<b>Date:</b> 1/19/2		Present:  client
			Start time: 1 End time: 1		other(s)
				t: Jefferson Crowe, PsyD	Session No: 14
Diagnostic Code/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		ule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
Problem 1:AD/HD				□Poor ⊠Fair □	Good Excellent
Symptoms	1 2 3 4 5 6 7 8 9 10				DACCHEIL
Бутрюнз	Current Status (Compared to baseline): No Ch	nange		General Observations: Orientation: time, place,	nerson and self
Problem 2:Anxiety	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No Ch	nange		Thought process: goal or Appearance: appropriate Affect: mood congruent Mood: sad	riented and logical,
Problem 3:				Attention: appropriate	
	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No Ch	nange		Speech: normal Other:	
□ Psychoeducation re: proble     □ Discussion of treatment pla      □ Discussion of enotion(s):     □ Discussion of emotion(s):     □ Discussion of fears/ interna     □ Role of past experience in     □ Other:      □ Lifestyle modification intervery     □ Eating behavior     □ Sleep Hygiene	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Anxiety, Sadness al conflicts about change current problem(s)	Self Stim Rela Min Beh Guid Con Prob Iden Cog Cog App Syst App Tim Pare Posi	olem-solving tification of onitive restructed period with the control of the cont	ng ureness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/be turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra	gets /symptoms
☐ Management of stressors ☐ Physical activity		⊠ Psyc	hiatric medic	eations:	
☐ Smoking		⊠ Med	lical provider	: Other:	
Pleasurable activities, self-	·care	. —	ritionist		cal/Neuropsych testing
☐ Positive life goals ☐ Improve social supports			ples' therapy Med services	☐ Group ther ☐Career Cou	
Homework:  Self monitoring: stress Relaxation/Mindfulness prac Reading assignment: Referrals made:	☐ sleep ☐ diet ☐ thoughts ☐ other: ctice:			_ <del>-</del>	
Other:					

Client name: Bo Shang

Suicidal Ideation Homicidal Ideation Safety Evaluation: No reported risk \_\_\_Domestic Violence Self-Injurious Behavior Substance Abuse If present, intervention/plan: Narrative Summary: 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. Expored 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. If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2: 1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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): treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) treatment for panic disorder (e.g., CBT) treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,) If 90785 COMPLEXITY Code indicated, please note relevant details here: 1. Imanage maladaptive communication that make tx difficult ( related to high anxiety; related to n/v sxs; related to high reactivity; related to constricted affect; ☐ related to tx resistance/non-compliance; ☐ related to substance use; ☐ other); 2.  $\square$  caregiver's emotions interfere with implementation of tx; 3.  $\square$  reporting to  $3^{rd}$  party mandated; 4.  $\square$  use of play equipment, physical device, interpreter. If 90839/90840 CRISIS Code indicated, please note relevant details here: Next Session: OR X1 Week X2 Weeks X1 Month **Plan and expected outcomes**: Prelieve acute symptoms return to baseline functioning; improve baseline functioning across domains; improve baseline functioning across domains; current status/prevent deterioration; coordinate care with other providers; refer for additional services; reassess treatment goals as follows:;

DOB: 06/06/88

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

treatment completed or suspended (see termination note)

Appointment: 90834 Psychothe	erapy 38-52 Min		Date: 1/12/2		Present: \( \simeg \text{ client}
			Start time: 1 End time: 1		other(s)
				t: Jefferson Crowe, PsyD	Session No: 13
Diagnostic Code/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	<prov> and R</prov>	ule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
Problem 1:AD/HD				□Poor ⊠Fair □	Good Excellent
Symptoms	1 2 3 4 5 6 7 8 9 10				
Problem 2:Anxiety Problem 3:	Current Status (Compared to baseline): No Ch			General Observations: Orientation: time, place, Thought process: goal or Appearance: appropriate Affect: mood congruent Mood: euthymic Attention: appropriate Speech: normal	riented and logical,
	Current Status (Compared to baseline): No Ch	nange		Other:	
Evaluation & Discussion of passessment/Evaluation  Crisis management  Symptom frequency / seve Factors Contributing to pro Factors maintaining proble Past coping efforts  Other:  Treatment planning, client experience of Client self-report Alliance Building Review of client self-report Psychoeducation re: proble Discussion of treatment planscussion of treatment planscussion of emotion(s): Emotional / insight-oriented Discussion of fears/ internation of past experience in Other:  Lifestyle modification interver Eating behavior	erity / Other details oblem, triggers em, barriers to change  education:  et form (changes noted below) em & treatment an & goals  treatment: Anxiety al conflicts about change current problem(s)	Self	olem-solving tification of onitive restructed pment of hosure w/respectation of skeep revention of skeep managementing Skills tive Reinforcer self-managements	ng ureness skills on attion uypnosis assertiveness skills skills dysfunctional thoughts/be turing uierarchy of treatment tar onse prevention sitization on ills to problem situations ut/organizational skills tra ement	gets /symptoms
				resources discussed:	
☐ Physical activity ☐ Smoking ☐ Pleasurable activities, self- ☐ Positive life goals ☐ Improve social supports	care	Med □ Nuti □ Cou	chiatric medic lical provider ritionist ples' therapy Med services	: □Other: ☑ Psychologi □ Group ther	
Homework:				<del></del>	
Self monitoring: stress Relaxation/Mindfulness prace Reading assignment: Referrals made: Other:	sleep diet thoughts other:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang
DOB: 06/06/88
page 2

Safety Evaluation:	No reported risk ☐ Self-Injurious Behavior	Suicidal Ideation Substance Abuse	Homicidal Ideation If present, intervention/plan:	Domestic Violence		
Narrative Summary: 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.						
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. □ Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use  2. □ 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):  □ treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)  □ treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)  □ treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)  □ treatment for DCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)  □ treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)  □ treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)						
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □use of play equipment, physical device, interpreter.						
If 90839/90840 CRISIS Code indicated, please note relevant details here:						
· -	utcomes: relieve acute symptoms prove baseline functioning across domains;		ext Session: OR X1 Week X2 Wee	ks X1 Month		
· · · ·	t deterioration; coordinate care with of					
I — ·	al services; reassess treatment goals as					
I ==	eted or suspended (see termination note)	, and the second				

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

Appointment: 90834 Psychothe	erapy 38-52 Min		<b>Date:</b> 1/5/20		Present: \( \text{ client}
			Start time: 1 End time: 1		other(s)
				t: Jefferson Crowe, PsyD	Session No: 12
Diagnostic Code/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	<pre><pre><pre><pre>and R</pre></pre></pre></pre>	ule-Out <r o=""> diagnoses:</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
Problem 1:AD/HD				□Poor ⊠Fair □	Good
Symptoms	1 2 3 4 5 6 7 8 9 10				
Problem 2:Anxiety  Problem 3:	Current Status (Compared to baseline): No Ch			General Observations: Orientation: time, place, Thought process: goal of Appearance: appropriate Affect: mood congruent Mood: euthymic	riented and logical,
1 Toblem 5.	1 2 3 4 5 6 7 8 9 10			Attention: appropriate Speech: normal	
	Current Status (Compared to baseline): No Ch	nange		Other:	
Evaluation & Discussion of  Assessment/Evaluation Crisis management Symptom frequency / seve Factors Contributing to pro Factors maintaining proble Past coping efforts Other:  Treatment planning, client of Alliance Building Review of client self-report Psychoeducation re: proble Discussion of treatment plance Discussion of treatment plance Discussion of fears/ internation of Discussion of fears/ internation of Discussion of fears/ internation of Discussion of Search (Incomplete Discussion o	erity / Other details oblem, triggers em, barriers to change  education:  et form (changes noted below) em & treatment an & goals  treatment: Happiness, Comfort al conflicts about change current problem(s)	Self Stim Rela Min Beh Gui Con Prob Iden Cog Prob App Syst App Tim Pare Posi	olem-solving tification of onitive restructed period with the control of the cont	ng ureness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations tt/organizational skills tra ement ement skills:	gets /symptoms
<ul><li>✓ Sleep Hygiene</li><li>✓ Management of stressors</li></ul>				resources discussed:	
☐ Physical activity ☐ Smoking ☐ Pleasurable activities, self- ☐ Positive life goals ☐ Improve social supports	care	Med □ Nuti □ Cou	chiatric medic lical provider ritionist ples' therapy Med services	: □Other: ☑ Psychologi □ Group ther	
Homework:					<del>0</del>
Self monitoring: stress Relaxation/Mindfulness prace Reading assignment: Referrals made: Other:	sleep diet thoughts other:				

Mental Health Psychotherapy Progress Note Client name: Bo Shang

Homicidal Ideation Safety Evaluation: No reported risk Suicidal Ideation \_\_\_Domestic Violence Self-Injurious Behavior Substance Abuse If present, intervention/plan: Narrative Summary: 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. If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2: 1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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): treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) treatment for panic disorder (e.g., CBT) treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,) If 90785 COMPLEXITY Code indicated, please note relevant details here: 1. Imanage maladaptive communication that make tx difficult ( related to high anxiety; related to n/v sxs; related to high reactivity; related to constricted affect; ☐ related to tx resistance/non-compliance; ☐ related to substance use; ☐ other); 2.  $\square$  caregiver's emotions interfere with implementation of tx; 3.  $\square$  reporting to  $3^{rd}$  party mandated; 4.  $\square$  use of play equipment, physical device, interpreter. If 90839/90840 CRISIS Code indicated, please note relevant details here: Next Session: OR X1 Week X2 Weeks X1 Month **Plan and expected outcomes**: Prelieve acute symptoms return to baseline

DOB: 06/06/88

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

functioning; improve baseline functioning across domains; maintain current status/prevent deterioration; coordinate care with other providers; refer for additional services; reassess treatment goals as follows:;

treatment completed or suspended (see termination note)

Appointment: 90834 Psychoth	erapy 38-52 Min		Date: 12/29 Start time: End time: 1	10:00	Present: ⊠ client ☐ other(s)
				st: Jefferson Crowe, PsyD	Session No: 11
Diagnostic Code/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	Provisiona	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	tule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate seve	ere		Over-all patient function	oning
Problem 1:AD/HD Symptoms Problem 2:Anxiety	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			☐Poor ☐Fair ☐  General Observations: Orientation: time, place, Thought process: goal or Appearance: appropriate	riented and logical,
Problem 3:	Current Status (Compared to baseline): No  Current Status (Compared to baseline): No  1 2 3 4 5 6 7 8 9  Current Status (Compared to baseline): No			Affect: mood congruent Mood: euthymic Attention: appropriate Speech: normal Other:	
Psychoeducation re: proble   Discussion of treatment ple   Emotional / insight-oriented   Discussion of emotion(s):   Emotional support   Discussion of fears/ intern   Role of past experience in   Other:   Lifestyle modification intervent   Eating behavior   Sleep Hygiene   Management of stressors   Physical activity   Smoking   Pleasurable activities, selfer   Positive life goals   Improve social supports   Homework:   Self monitoring:   stress	erity / Other details coblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Relief, Comfort al conflicts about change current problem(s)  rentions:	Sel:   Stir Rel   Mir   Mir	blem-solving ntification of or gnitive restructive pelopment of land posure w/ respetematic desensapse preventional polication of skape managementing Skills itive Reinforce er self-manager:	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/be turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tre ement ement skills:  resources discussed: cations:  □ Other: □ Psychologi □ Group ther	/symptoms aining  ccal/Neuropsych testing
Relaxation/Mindfulness practice Reading assignment: Referrals made: Other:	cuce:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang
DOB: 06/06/88
page 2

Safety Evaluation:	No reported risk	Suicidal Ideati	on Homic	idal Ideation	Domestic Violence	
	Self-Injurious Behavior	Substance Abu	se If present,	intervention/plan:		
Narrative Summary: 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.						
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use  2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)    treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)    treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)    treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)    treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)    treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)						
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:						
Plan and expected o		eturn to baseline	Next Session: OR X	1 Week X2 Weeks	X1 Month	
· · -	prove baseline functioning across domains;				-	
current status/prevent						
refer for addition	al services; reassess treatment goals as	follows:;				
treatment compl	eted or suspended (see termination note)					

 ${\it Electronically signed on 12/29/2017 \ at 3:15 \ PM \ by \ Jefferson \ Crowe, \ PsyD}$ 

Appointment: 90834 Psychoth	erapy 38-52 Min		Date: 12/21 Start time: End time: 1	11:00	Present: ⊠ client ☐ other(s)
				st: Jefferson Crowe, PsyD	Session No: 10
Diagnostic Code/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	Provisiona	<prov> and R</prov>	Rule-Out <r o=""> diagnoses</r>	:
Assessment and progress	Mild moderate sev	ere		Over-all patient function	oning
Problem 1:AD/HD Symptoms Problem 2:Anxiety	Current Status (Compared to baseline): No	0		General Observations: Orientation: time, place, Thought process: goal or Appearance: appropriate	riented and logical,
Problem 3:	Current Status (Compared to baseline): No  Current Status (Compared to baseline): No  Current Status (Compared to baseline): No	10		Affect: flat Mood: flat Attention: appropriate Speech: normal Other:	
Psychoeducation re: proble   Discussion of treatment ple   Emotional / insight-oriented   Discussion of emotion(s):   Emotional support   Discussion of fears/ intern   Role of past experience in   Other:   Lifestyle modification intervent   Eating behavior   Sleep Hygiene   Management of stressors   Physical activity   Smoking   Pleasurable activities, selfer   Positive life goals   Improve social supports   Homework:   Self monitoring:   stress	erity / Other details coblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Relief, Anger al conflicts about change current problem(s)  rentions:	Sel:   Stir Rel   Mir   Mir	blem-solving ntification of or gnitive restructive pelopment of land posure w/ respetematic desensapse preventional polication of skape managementing Skills itive Reinforce er self-manager:	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/be turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tre ement ement skills:  resources discussed: cations:  □ Other: □ Psychologi □ Group ther	/symptoms aining  ccal/Neuropsych testing
Relaxation/Mindfulness practice Reading assignment: Referrals made: Other:	cuce:				

Mental Health Psychotherapy Progress Note Client name: Bo Shang DOB: 06/06/88 page 2 Homicidal Ideation Safety Evaluation: No reported risk Suicidal Ideation Domestic Violence Self-Injurious Behavior Substance Abuse If present, intervention/plan: Assessed for safety following his recent trip to an emergency room, and client denied any current suicidal ideation. Narrative Summary: Client presented with self-reported symptoms of AD/HD and some difficulties with socioemotional functioning. Reflected on significant events over the past week, includign 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. If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2: 1. ☐ Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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): treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) treatment for panic disorder (e.g., CBT) treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,) If 90785 COMPLEXITY Code indicated, please note relevant details here: 1. Imanage maladaptive communication that make tx difficult ( related to high anxiety; related to n/v sxs; related to high reactivity; related to constricted affect;  $\square$  related to tx resistance/non-compliance;  $\square$  related to substance use;  $\square$  other); 2.  $\square$  caregiver's emotions interfere with implementation of tx; 3.  $\square$  reporting to 3<sup>rd</sup> party mandated; 4.  $\square$  use of play equipment, physical device, interpreter. If 90839/90840 CRISIS Code indicated, please note relevant details here:

Next Session: OR X1 Week X2 Weeks X1 Month

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Plan and expected outcomes: □ relieve acute symptoms □ return to baseline functioning; □ improve baseline functioning across domains; □ maintain current status/prevent deterioration; □ coordinate care with other providers; □ refer for additional services; □ reassess treatment goals as follows:;

treatment completed or suspended (see termination note)

Appointment: 90834 Psychothe	erapy 38-52 Min		<b>Date:</b> 12/15	/2017	Present: \( \sigma \text{ client}
			Start time:		other(s)
			End time: 1 Psychologis	t: Jefferson Crowe, PsyD	Session No: 9
Diagnostic Code/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	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	ule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate severe	÷		Over-all patient function	oning
Problem 1:AD/HD Symptoms	1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No Compared to baseline			☐Poor ☐Fair ☐  General Observations: Orientation: time, place,	
Problem 2:Anxiety	1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No C			Thought process: goal or Appearance: appropriate Affect: flat Mood: flat	
Problem 3:	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No C			Attention: appropriate Speech: normal Other:	
Evaluation & Discussion of I  Assessment/Evaluation  Crisis management  Symptom frequency / seve Factors Contributing to pro Factors maintaining proble Past coping efforts  Other:  Treatment planning, client e  Alliance Building  Review of client self-repor Psychoeducation re: proble Discussion of treatment pla  Emotional / insight-oriented  Discussion of fears/ interna Role of past experience in Other:  Lifestyle modification interv  Eating behavior  Sleep Hygiene  Management of stressors Physical activity  Smoking  Pleasurable activities, self- Positive life goals Improve social supports  Homework:  Self monitoring:  stress  Palayation/Mindfulness press	rity / Other details bblem, triggers em, barriers to change  ducation:  It form (changes noted below) em & treatment an & goals  treatment: Frustration, Worry al conflicts about change current problem(s)  entions:  care	Self   Stim   Rela   Min   Ema   Beh   Guid   Con   Prol   Ider   Dev   Exp   Rela   App   Tim   Pare   Posi   Oth   Oth   Addition:	blem-solving attification of of antitive restruct relopment of hosure w/ respected desertion of skips are management of skips attive Reinforcer self-management:	ng ureness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/be turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement skills:  resources discussed: cations: :     Other:	rgets  s/symptoms aining  ical/Neuropsych testing
Relaxation/Mindfulness practice Reading assignment: Referrals made: Other:	tice:				

Mental Health Psychotherapy Progress Note Client name: Bo Shang DOB: 06/06/88 page 2 Homicidal Ideation Safety Evaluation: No reported risk Suicidal Ideation \_\_\_Domestic Violence Self-Injurious Behavior Substance Abuse If present, intervention/plan: Narrative Summary: 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. If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2: 1. ☐ Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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): treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) ☐ treatment for panic disorder (e.g., CBT) treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)

2. are caregiver's emotions interfere with implementation of tx;

If 90785 COMPLEXITY Code indicated, please note relevant details here:

affect;  $\square$  related to tx resistance/non-compliance;  $\square$  related to substance use;  $\square$  other);

3. reporting to 3<sup>rd</sup> party mandated; 4. use of play equipment, physical device, interpreter.

If 90839/90840 CRISIS Code indicated, please note relevant details here:	
Plan and expected outcomes:  relieve acute symptoms return to baseline	Next Session: OR X1 Week X2 Weeks X1 Month
functioning; improve baseline functioning across domains; maintain	
current status/prevent deterioration; coordinate care with other providers;	
refer for additional services; reassess treatment goals as follows:;	
treatment completed or suspended (see termination note)	

1. Imanage maladaptive communication that make tx difficult ( related to high anxiety; related to n/v sxs; related to high reactivity; related to constricted

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Appointment: 90834 Psychotherapy 38-52 Min			Date: 12/8/2017 Start time: 12:00 End time: 12:45		Present: ⊠ client ☐ other(s)
				2:45 t: Jefferson Crowe, PsyD	Session No: 8
Diagnostic Code/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 ICD9:784.0 Headache ICD10:R51 Headache General Medical	Provisional	<prov> and R</prov>	tule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate seven	·e		Over-all patient function	oning
Problem 1:AD/HD Symptoms	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			☐Poor ☐Fair ☐  General Observations: Orientation: time, place, Thought process: goal or	
Problem 2:Anxiety Problem 3:	1 2 3 4 5 6 7 8 9 1  Current Status (Compared to baseline): No 0  1 2 3 4 5 6 7 8 9 1  1 2 3 4 5 6 7 8 9 1	Change		Appearance: appropriate Affect: flat Mood: flat Attention: appropriate Speech: normal	
	Current Status (Compared to baseline): No	Change		Other:	
	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Happiness al conflicts about change current problem(s)	Self   Stin   Rela   Min   Emo   Gui   Beh   Gui   Con   Prol   Ider   Cog   Dev   Exp   Rela   App   Tim   Parc   Pos:   Oth   Addition:   Psyc   Mec   Nut   Cou	olem-solving attification of a contitive restruction of the course were sentious deserming the continuation of skills and skills tive Reinforcer self-manager:	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement ement skills:  resources discussed: cations:	/symptoms aining  ccal/Neuropsych testing
Homework:  Self monitoring: stress Relaxation/Mindfulness pract Reading assignment: Referrals made: Other:	sleep diet thoughts other:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang DOB: 06/06/88

Safety Evaluation:	No reported risk	Suicidal Ideation	Homicidal Ideation	Domestic Violence	
	Self-Injurious Behavior	Substance Abuse	If present, intervention/plan:		
Narrative Summary: 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 motivationg factors of learning and feeling on the cutting edge of innovation.					
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)    treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)    treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)    treatment for DCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)    treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)    treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)					
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □ manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □ related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:					
			ext Session: OR X1 Week X2 Weeks	s X1 Month	
I	prove baseline functioning across domains;		eat bession. On MAI week MAZ weeks	,2x1 iviolitii	
current status/prevent	·				
refer for addition	<del></del>	•			
treatment compl	eted or suspended (see termination note)	´			

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

Appointment: 90834 Psychotherapy 38-52 Min					Present: \( \text{ client}
			Start time: 1 End time: 1		other(s)
				t: Jefferson Crowe, PsyD	Session No: 7
Diagnostic Code/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		ule-Out <r o=""> diagnoses:</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
Problem 1:AD/HD				□Poor ⊠Fair □	Good Excellent
Symptoms	1 2 3 4 5 6 7 8 9 10				
Problem 2:Anxiety	Current Status (Compared to baseline): No Cl  1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No Cl			General Observations: Orientation: time, place, Thought process: goal or Appearance: appropriate Affect: flat Mood: flat	riented and logical,
Problem 3:	1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No Cl	nange		Attention: appropriate Speech: normal Other:	
Evaluation & Discussion of    Assessment/Evaluation  Crisis management  Symptom frequency / seve Factors Contributing to pro Factors maintaining proble Past coping efforts  Other:  Treatment planning, client et Alliance Building  Review of client self-report Psychoeducation re: proble Discussion of treatment planeus of treatment planeus of the properties of the properti	rrity / Other details bellem, triggers em, barriers to change  ducation:  It form (changes noted below) em & treatment an & goals  treatment: Happiness al conflicts about change current problem(s)  entions:	Self   Stin   Rela   Stin   Rela   Self   Stin   Rela   Self   Stin   Self   Self	olem-solving attification of a nitive restructed pment of hosure w/respectation of skeep revention of skeep management of skills tive Reinforcer self-management:	ng ureness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement ement skills:  resources discussed: cations: :	gets /symptoms unining cal/Neuropsych testing
Self monitoring:	☐ sleep ☐ diet ☐ thoughts ☐ other:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang DOB: 06/06/88

Safety Evaluation:	No reported risk	Suicidal Ideati	on Homicidal	Ideation	Domestic Violence		
	Self-Injurious Behavior	Substance Abu	se If present, inter	rvention/plan:			
fMRI testing next ste experience with symp	Narrative Summary: 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.						
1. Client's primary 2. In my clinical ju symptoms. These ser more costly than an a that patient's illness, treatment for boro treatment for agon treatment for pani treatment for OCI treatment for ocolo	If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)    treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)    treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)    treatment for DCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)    treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)    treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)						
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. manage maladaptive communication that make tx difficult ( related to high anxiety; related to n/v sxs; related to high reactivity; related to constricted affect; related to tx resistance/non-compliance; related to substance use; other);  2. caregiver's emotions interfere with implementation of tx;  3. reporting to 3 <sup>rd</sup> party mandated; 4. use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:							
			Next Session: OR X1 W	Veek X2 Weeks	X1 Month		
l	prove baseline functioning across domains;	return to baseline	Next Session: OR MAI W	cckAz weeks	JV1 MOHIII		
current status/preven	· – – – – – – – – – – – – – – – – – – –	_					
refer for addition		•					
I ==	leted or suspended (see termination note)	,					

page 2

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Appointment: 90834 Psychotherapy 38-52 Min					Present: \( \simeg \text{ client}
			Start time: 1 End time: 1		other(s)
				t: Jefferson Crowe, PsyD	Session No: 6
Diagnostic Code/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		tule-Out <r o=""> diagnoses</r>	
Assessment and progress	Mild moderate severe			Over-all patient function	oning
Problem 1:AD/HD				☐Poor ☑Fair ☐	Good Excellent
Symptoms	1 2 3 4 5 6 7 8 9 10				_
Problem 2:Anxiety Problem 3:	Current Status (Compared to baseline): No Cl  1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No Cl			General Observations: Orientation: time, place, Thought process: goal of Appearance: appropriate Affect: flat Mood: flat Attention: appropriate	riented and logical,
	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No Cl	nange		Speech: normal Other:	
Evaluation & Discussion of p  Assessment/Evaluation Crisis management Symptom frequency / seve Factors Contributing to pro Factors maintaining proble Past coping efforts Other:  Treatment planning, client e  Alliance Building Review of client self-repor Psychoeducation re: proble Discussion of treatment planicus of treatment pla	problem(s):  rity / Other details oblem, triggers em, barriers to change  ducation:  t form (changes noted below) em & treatment an & goals  treatment: Anger  al conflicts about change current problem(s)	Behavior  Self Stin Rela Min Beh Gui Con Cog Prol Ider Cog Cep Syst Rela App Tim Pare	olem-solving attification of onitive restructed pment of hosure w/respectation of skeep revention of skeep management of the skills tive Reinforcer self-management of the skills of the	ng preness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra	gets /symptoms
☐ Eating behavior ☐ Sleep Hygiene ☐ Management of stressors ☐ Physical activity ☐ Smoking ☐ Pleasurable activities, self- ☐ Positive life goals ☐ Improve social supports	care	Psyd Med Nut	chiatric medic lical provider ritionist ples' therapy Med services	: □Other: ☑ Psychologi □ Group ther	
Homework:  Self monitoring: stress Relaxation/Mindfulness prac Reading assignment: Referrals made: Other:	sleep diet thoughts other:				

Mental Health Psychotherapy Progress Note
Client name: Bo Shang DOB: 06/06/88

Safety Evaluation:	No reported risk	Suicidal Ideation	on Homicidal Ideation	Domestic Violence		
	Self-Injurious Behavior	Substance Abu	se If present, intervention/plan:			
Narrative Summary: 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.						
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):  1. treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)  1. treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)  1. treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)  1. treatment for panic disorder (e.g., CBT)  1. treatment for oCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)  1. treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)  1. treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)						
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □ manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □ related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:						
		eturn to baseline	Next Session: OR X1 Week X2 Wee	ks X1 Month		
· -	prove baseline functioning across domains;			····		
current status/prevent	· _ ~ ~ · ·					
refer for addition	al services; reassess treatment goals as	follows:;				
treatment compl	leted or suspended (see termination note)					

page 2

 ${\it Electronically signed on 11/17/2017 at 12:04 PM by Jefferson \ Crowe, PsyD}$ 

Appointment: 90834 Psychotherapy 38-52 Min			Date: 11/10/2017 Start time: 11:00		Present: ⊠ client ☐ other(s)
			End time: 1 Psychologis	1:45 It: Jefferson Crowe, PsyD	Session No: 5
Diagnostic Code/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	Provisiona	I <prov> and R</prov>	tule-Out <r o=""> diagnoses</r>	:
Assessment and progress	Mild moderate sev	ere		Over-all patient function	oning
Problem 1:AD/HD Symptoms Problem 2:Anxiety	1 2 3 4 5 6 7 8 9  Current Status (Compared to baseline): No			☐Poor ☐Fair ☐  General Observations: Orientation: time, place, Thought process: goal or Appearance: appropriate	riented and logical,
Problem 3:	Current Status (Compared to baseline): No	Change		Affect: mood congruent Mood: euthymic Attention: appropriate Speech: normal Other:	
Evaluation & Discussion of  Assessment/Evaluation  Crisis management  Symptom frequency / several sectors Contributing to provide a factors maintaining problem of past coping efforts  Other:  Treatment planning, client of Alliance Building  Review of client self-report problem of property problem of the p	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Anger al conflicts about change current problem(s)  rentions:  -care	Sel	blem-solving ntification of or gnitive restructive pelopment of land posure w/ respetematic desen apse preventional pelocation of skine management enting Skills itive Reinforctiver self-managementing skills	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement ement skills:  resources discussed: cations:	/symptoms aining  ccal/Neuropsych testing
Reading assignment: Referrals made: Other:					

Mental Health Psychotherapy Progress Note
Client name: Bo Shang
DOB: 06/06/88
page 2

Safety Evaluation:	No reported risk	Suicidal Ideation	Homicidal Ideation	Domestic Violence	
	Self-Injurious Behavior	Substance Abuse	If present, intervention/plan:		
Narrative Summary: 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.					
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)    treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)    treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)    treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)    treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)    treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)					
If 90785 COMPLEXITY Code indicated, please note relevant details here:  1. □ manage maladaptive communication that make tx difficult (□ related to high anxiety; □ related to n/v sxs; □ related to high reactivity; □ related to constricted affect; □ related to tx resistance/non-compliance; □ related to substance use; □ other);  2. □ caregiver's emotions interfere with implementation of tx;  3. □ reporting to 3 <sup>rd</sup> party mandated; 4. □ use of play equipment, physical device, interpreter.  If 90839/90840 CRISIS Code indicated, please note relevant details here:					
			lext Session: OR X1 Week X2 Week	s X1 Month	
l	prove baseline functioning across domains;		text Session. OR MAI week MAZ week	5 MAI MOHH	
current status/preven	·				
l —	nal services; reassess treatment goals as	1 /			
I ==	leted or suspended (see termination note)	<i>,</i>			

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Mental Health Psychotherapy Progress Note

Client name: Bo Shang DOB: 06/06/88 page 1

Appointment: 90834 Psychothe	erapy 38-52 Min				Present: \( \sigma \) client		
			Start time: 1	other(s)			
			End time: 1 Psychologis	t: Jefferson Crowe, PsyD	Session No: 4		
Diagnostic Code/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	Provisiona		<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>			
Assessment and progress	Mild moderate severe	9		Over-all patient function	oning		
Problem 1:AD/HD Symptoms	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No C			General Observations: Orientation: time, place,			
Problem 2:Anxiety	1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No C			Thought process: goal or Appearance: appropriate Affect: mood congruent Mood: euthymic	;		
Problem 3:	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No C			Attention: appropriate Speech: normal Other:			
Evaluation & Discussion of problem(s):  Assessment/Evaluation  Crisis management  Symptom frequency / severity / Other details  Factors Contributing to problem, triggers  Factors maintaining problem, barriers to change  Past coping efforts  Other:  Treatment planning, client education:  Alliance Building  Review of client self-report form (changes noted below)  Psychoeducation re: problem & treatment  Discussion of treatment plan & goals  Emotional / insight-oriented treatment:  Discussion of emotion(s): Frustration  Emotional support  Discussion of fears/ internal conflicts about change  Role of past experience in current problem(s)  Other:  Lifestyle modification interventions:  Eating behavior  Sleep Hygiene  Management of stressors  Physical activity  Smoking  Pleasurable activities, self-care  Positive life goals  Improve social supports  Homework:			blem-solving s ntification of d gnitive restruct velopment of h posure w/ respe stematic desensapse prevention plication of skine managemen enting Skills sitive Reinforce are self-managementing.	ng ureness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/beturing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tra ement ement ement skills:  resources discussed: cations: :   Psychologi  Group there	/symptoms aining ical/Neuropsych testing		
☐ Self monitoring: ☐ stress☐ Relaxation/Mindfulness prac☐ Reading assignment: ☐ Referrals made: ☐ Other:	sleep diet thoughts other:						

Mental Health Psychotherapy Progress Note

Client name: Bo Shang

Homicidal Ideation Safety Evaluation: No reported risk Suicidal Ideation \_\_\_Domestic Violence Self-Injurious Behavior Substance Abuse If present, intervention/plan: Discussed the next steps he has planned in terms of his treatment, including consultations with two new Narrative Summary: Client presented with 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. If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2: 1. ☐ Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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): treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.) treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.) treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT) treatment for panic disorder (e.g., CBT) treatment for OCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.) treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.) treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,) If 90785 COMPLEXITY Code indicated, please note relevant details here: 1. Imanage maladaptive communication that make tx difficult (Imale to high anxiety; Imale to now sxs; Imale to high reactivity; Imale to constricted affect; ☐ related to tx resistance/non-compliance; ☐ related to substance use; ☐ other); 2.  $\square$  caregiver's emotions interfere with implementation of tx; 3.  $\square$  reporting to 3<sup>rd</sup> party mandated; 4.  $\square$  use of play equipment, physical device, interpreter. If 90839/90840 CRISIS Code indicated, please note relevant details here: **Plan and expected outcomes**: relieve acute symptoms return to baseline **Next Session:** OR X1 Week X2 Weeks X1 Month functioning; improve baseline functioning across domains; maintain current status/prevent deterioration; coordinate care with other providers;

DOB: 06/06/88

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refer for additional services; reassess treatment goals as follows: treatment completed or suspended (see termination note)

Mental Health Psychotherapy Progress Note

Client name: Bo Shang DOB: 06/06/88 page 1

Appointment: 90834 Psychotherapy 38-52 Min			Date: 10/20 Start time:	Present:  client  other(s)			
			End time: 11:30  Psychologist: Jefferson Crowe, PsyD  Session No: 3				
Diagnostic Code/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		Cule-Out <r o=""> diagnoses</r>			
Assessment and progress	Mild moderate severe	9		Over-all patient functi	oning		
Problem 1:AD/HD Symptoms Problem 2:Anxiety Symptoms	Current Status (Compared to baseline): No C  1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No C  1 2 3 4 5 6 7 8 9 10  Current Status (Compared to baseline): No C	hange		Good Excellent  person and self riented and logical,			
Problem 3:	1 2 3 4 5 6 7 8 9 10 Current Status (Compared to baseline): No C			Attention: appropriate Speech: normal Other:			
Psychoeducation re: probl Discussion of treatment pl  Emotional / insight-oriented Discussion of emotion(s): Emotional support Discussion of fears/ intern Role of past experience in Other:  Lifestyle modification interv Eating behavior Sleep Hygiene Management of stressors Physical activity Smoking Pleasurable activities, self Positive life goals Improve social supports  Homework: Self monitoring: stress Relaxation/Mindfulness pra	erity / Other details oblem, triggers em, barriers to change  education:  rt form (changes noted below) em & treatment an & goals  treatment: Hope al conflicts about change current problem(s)  rentions:	Self   Stin   Rela   Stin   Rela   Stin   Beh   Gui   Stin   Con   Cog   Dev   Syst   Rela   Apr   Stin   Oth   Addition:	blem-solving ntification of or gnitive restruct relopment of l cosure w/ resp tematic desen apse prevention of sk the management enting Skills itive Reinforce er self-manager:	ng areness skills on ation nypnosis assertiveness skills skills dysfunctional thoughts/b turing nierarchy of treatment tar onse prevention sitization on ills to problem situations nt/organizational skills tr ement ement skills:  resources discussed: cations:	rgets s/symptoms aining ical/Neuropsych testing rapy		
Reading assignment: Referrals made: Other:							

Mental Health Psychotherapy Progress Note
Client name: Bo Shang DOB: 06/06/88

Safety Evaluation:	No reported risk	Suicidal Ideati	on $\Box$	Homicidal Ideation	Domestic Violence			
	Self-Injurious Behavior	Substance Abu	ise If p	resent, intervention/plan:				
pertaining to AD/HD deficit symptoms and	y:Client presented with symptoms of AD/HD and autism, and explored his thoughts about a explored client's experience of adrenaline version effects of different treatments.	the way certain syr	nptoms manifest for	client. Reflected on the diff	ferent presentations of attention			
If 90837 53+ minutes is indicated based on diagnosis, treatment plan, and insurance plan, please note relevant details here and check off boxes 1 & 2:  1. Client's primary ICD-10 diagnosis is noted on the current CPA list of codes designated for 90837 use 2. 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):    treatment for borderline personality disorder (e.g., DBT, CBT, IPT, ACT, etc.)   treatment for agoraphobia or specific phobias (e.g., exposure therapy, CBT, etc.)   treatment for generalized anxiety disorder or mixed or unspecified anxiety disorder (e.g., CBT)   treatment for DCD-related or hoarding disorders (e.g., exposure/response prevention, CBT, etc.)   treatment for conduct disorders (e.g., parent/child interaction treatment, functional family therapy, etc.)   treatment for acute stress disorder or PTSD (e.g., DBT, CPT, IPT, etc.,)								
□ manage malada affect; □ related to to to to caregiver's emodel.     □ caregiver's emodel.     □ reporting to 3 <sup>rd</sup>	XITY Code indicated, please note relevant of ptive communication that make tx difficult ( x resistance/non-compliance; related to su otions interfere with implementation of tx; party mandated; 4. use of play equipment, SIS Code indicated, please note relevant de	related to high a lbstance use; ☐ o	ther);	to n/v sxs; ☐ related to high	reactivity; □related to constricted			
		eturn to baseline	Next Session:	OR X1 Week X2	2 Weeks X1 Month			
· -	prove baseline functioning across domains;		T.CAL DESSION.	511 11 11 00 tr 1 112				
current status/prevent								
refer for addition	<b>—</b> —	1 /						
treatment compl	leted or suspended (see termination note)							

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## **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 <pre>Provisional <pre>Provisional </pre></pre>
IDENTIFYING INFORMATION
Present at evaluation: $\square$ client $\square$ 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 Divorced/Separated Widowed
Sexual orientation:
Occupation: Student Referral Source:

Client Name: Bo Shang page 2 **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? \(\sum \) Yes \(\sim \) No If no, use code 90791. If yes, use codes 90839 (initial 6om) 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

DOB: 06/06/88

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>	Normal	Other	Client appeared more focused and alert than
			average during the session
Orientation		Other	
Speech rate, volume,	Normal	Other	
articulation, coherence,			
spontaneity, preservation,			
paucity of language			
Thought Process rate,	Normal     ■	Other	
content, logic, tangential,			
abstract, reasoning,			
computation			
Associations loose,	Normal     ■	Other	
tangential, circumstantial,			
intact			
SENSORIUM/INTELLECT			Comments
Attention and	Normal     No	Other	
Concentration			
Memory	Normal Normal	Other	
Intelligence Level	Normal Normal	Other	
including knowledge fund			
Judgement re: everyday	Normal     ■	Other	
activities, social situations			
<b>Insight</b> into psychiatric	Normal	Other	To be determined if client exhibited good insight
condition			or potentially grandiose ideas about his
			functioning
<b>Mood</b> as reported by patient:			
Predominant affect: mood-	congruent		
RISK BEHAVIORS			
History of suicidal or homici			☐ Yes
		suicide extens	sively, but denied experiencing ideation.
Current suicide/homicide risl	c: None	Ideation	Place Access Intent
History of self-injurious beha	aviors: Ye	es 🔀 No	
Details:			

Client Na	me: Bo Shar	ng DOB: 06/06/88	page 4									
	y engaging in Details:	n self-injurious behaviors?										
PRESEN	CE OF POT	FENTIAL CONTRAINDICATIONS TO OUTPA	TIENT PSYCHOTHERAPY									
Yes	No	Past/Current major psychiatric disorder TBD										
Yes	No	Abuse of alcohol or prescription/nonprescription drugs—for additional information see <i>CPA Client Self-Report Form</i>										
Yes	⊠No	Presence of organic brain disease or other condition that might impair competence to give informed consent or comprehend need for behavior change										
Yes	No	History of non-compliance										
Yes	No	Absence of distress about presenting problem or a problem	bsence of motivation to address									
Yes	⊠No	Other evidence that symptoms are serving a vital	function in homeostasis									
Yes	⊠No	Unrealistic expectation of treatment										
Yes	No	Evidence of ambivalence about treatment										
Yes	No	Mandated for treatment (by school, court, etc.)										
∐Yes	⊠No	Other concern about ability to comply with treatm	nent									
CDA/CEI	0C D-11-1											
Yes	PS Policies No	Understands and agrees to CPA/CFPS cancellation	n nolicy?									
Yes	No	Informed about limits of confidentiality?   Dut										
Yes	No	Signed consent to coordinate care?										
Client re		encing symptoms of anxiety and AD/HD, as well as that he struggles at times with sleep and managing a										
Disposition	on:	<ul> <li>No further assessment or treatment is warranted</li> <li>Further MH Assessment scheduled</li> <li>Behavioral Health Assessment is scheduled</li> <li>Treatment will begin with Assessing Psychologis</li> <li>Treatment will begin with other provider:</li> </ul>	st									
*	tments plan j on measurab	format is designed to coordinate with the format of p le goals)	progress notes in order to indicate									
TREATM	MENT PLA	N										
Problem 1	: Anxiety Sy	ymptoms  1 2 3 4 5 6 7	Q Q 10									
Baseline at as	ssessment	mild moderate	8 9 10 severe									

Intervention Plan: Cognitive behavioral strategies to challenge anxious thoughts, coping skills for anxiety and sleep  Freatment Goal: Reduce symptoms of anxiety by 25%										
	3	1		3 3						
Problem 2: AD/HD S										
						$\boxtimes$			9	
		2	3	4			7	8	9	10
Baseline at assessment	mild				mode	rate				severe
Intervention Plan: Ti Treatment Goal: Mai		_	_			-	zation s	trategie	S	
Problem 3:										
i iooiciii 3.										
	1	2	3	4	5	6		8	9	10
Baseline at assessment	mild				mode					severe
Intervention Plan: Treatment Goal:										
Contact made with o	ther hea	lth care	provid	ler(s)?	$\boxtimes Y$	es, by to	elephoner(s) in f		cumente	ed in Medical record

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

Client Name: Bo Shang

## **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 <pre>Provisional </pre> Provisional <pre>Provisional </pre>
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 Divorced/Separated Widowed
Sexual orientation:
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? \(\sum \) Yes \(\sim \) No If no, use code 90791. If yes, use codes 90839 (initial 6om) 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.

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Rationale for Interactive Complexity:

Client Name: Bo Shang

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							
Appearance and Behavior	Normal	Other	Client appeared somewhat uniquely focused and				
			alert during the session				
Orientation	Normal     ■	Other					
<b>Speech</b> rate, volume,	Normal Normal	Other					
articulation, coherence,							
spontaneity, preservation,							
paucity of language							
Thought Process rate,	Normal Normal	Other					
content, logic, tangential,							
abstract, reasoning,							
computation							
Associations loose,		U Other					
tangential, circumstantial,							
intact							
SENSORIUM/INTELLECT			Comments				
Attention and		Other					
Concentration							
Memory	Normal	Other					
Intelligence Level	Normal     No	Other					
including knowledge fund							
Judgement re: everyday	⊠ Normal	Other					
activities, social situations			T 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<b>Insight</b> into psychiatric	☐ Normal	Other	To be determined if client exhibited good insight				
condition			or potentially grandiose ideas about his				
N/C	41	1	functioning				
Mood as reported by patient:		iering on eupr	noric				
Predominant affect: mood-o	congruent						
RISK BEHAVIORS							
History of suicidal or homicidal			Yes No				
		_	ively, but denied experiencing ideation.				
Current suicide/homicide risk		Ideation	Place Access Intent				
History of self-injurious beha	iviors: Ye	es 🔀 No					
Details:							
Currently engaging in self-in	jurious behavio	rs? Yes	⊠ No				
Details:							
PRESENCE OF POTENTIA	AL CONTRAI	NDICATION	NS TO OUTPATIENT PSYCHOTHERAPY				
	Current major p						
			onprescription drugs—for additional information				
see CPA Client Self-Report Form							

Yes No Presence of organic brain disease or other condition that might impair competence to give informed consent or comprehend need for behavior change  $\boxtimes$ No History of non-compliance Yes Absence of distress about presenting problem or absence of motivation to address  $\boxtimes$ Yes No problem Other evidence that symptoms are serving a vital function in homeostasis Yes  $\times$ No Yes  $\boxtimes$ No Unrealistic expectation of treatment  $\times$ Yes No Evidence of ambivalence about treatment ⊠No Mandated for treatment (by school, court, etc.) Yes Other concern about ability to comply with treatment  $\bowtie$ No Yes CPA/CFPS Policies Understands and agrees to CPA/CFPS cancellation policy?  $\times$ Yes No Informed about limits of confidentiality? 

Duty to Warn Mandated Reporter Yes 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 Baseline at assessment mild moderate Intervention Plan: Treatment Goal: Problem 2: AD/HD Symptoms Baseline at assessment mild

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Client Name: Bo Shang

Client Name: Bo Shang DOB: 06.				5/06/88		page 5				
Intervention Plan: T Treatment Goal: TE										
Problem 3:  Baseline at assessment	1 mild	2	3	4	5 mode	6 erate	7	8	9	10 severe
Intervention Plan: Treatment Goal:										
Contact made with	other he	ealth car	e provid	der(s)?	$\overline{\boxtimes}$ Y				cument	ed in Medical recor

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