

Progress Note

Client Information

Name: Test Patient

Sex: M Age: 32

Address:

321412321

Phone Numbers

Primary: 718-999-9999

Account: 1004

Date of Birth: 1/1/1992



Encounter Information

Service Date: 1/18/2024

Duration: 15 minutes

Service: Brief Treatment

Program: TEST

Provider: WILLIAMS, RITA M

Is this a reinstatement?

Encounter ID: 619625

☒ Yes ☐ No

Notes Field

patient returned from Harlem hospital after being treated 7 days for cellulitis and blood clot. Patient received methadone dose while hospitalized and LDM verified Patient seen by Dr. Smith and reinstated.

Using CBT reviewed medications and discussed the importance of continuing prescribed antibiotics and Eliquis. Discussed importance of notifying HCP of any bleeding or large bruising episodes, or any calf pain. Patient verbalized an understanding.

If brief treatment, what evidence based practice was used?

☐ MOTIVATIONAL INTERVIEWING ☒ COGNITIVE BEHAVIORAL THERAPY ☐ ADDICTION EDUCATION

Patient's response in his/her/their own words?

Patient states "I will take my medication"

Patient states "I'll make sure to keep my doctors appointment."

What is the plan for next steps?

Progress towards treatment plan goals?

☐ Yes ☒ No

Describe progress or barriers to progress

Any update to the treatment plan?

☐ Yes ☐ No

If yes, identify new problems, goals and objectives

Current Diagnosis: F11.20

Services Provided:

☐ Counseling
Counseling Frequency:

☐ Group Session
Group Session Frequency:

☐ Medication
Medication Frequency:

☐ Other Service (1) - if applicable - Specify:

Other Service (1) Frequency:

☐ Other Service (2) - if applicable - Specify:

Other Service (2) Frequency:

| Sequence | ICD-9 | ICD-10 | Description | Comments | Specifiers |
|----------|--------|--------|----------------------------------|----------|------------|
| 1 | 304.00 | F11.20 | Opioid Use Disorder, Moderate | | |

Signatures

Clinical Signature(s)

Signed electronically by RITA M WILLIAMS on 02-01-2024

Admission Note

Client Information

Name: Test Patient

Sex: M Age: 32

Address:

321412321

Phone Numbers

Primary: 718-999-9999

Account: 1004

Date of Birth: 1/1/1992



Encounter Information

Encounter Date: 1/12/2024

Program: TEST

Provider: X, Jason

Collaterals / Others Present

Encounter ID: 550714

Summary of Services Provided - to determine appropriateness of the individual for admission, diagnosis and development of a treatment plan

Disposition

Program Status

Admission Date

Provide rationale and referrals made.

** if Admit - See Comprehensive Assessment, for this episode of care for reason for referral, primary clinical needs as identified in Prioritized Assessed Needs, services to meet those needs and admission diagnosis**

| Sequence | ICD-9 | ICD-10 | Description | Comments | Specifiers |
|--------------------|-------|--------|-------------|----------|------------|
| No Data to Display | | | | | |