





**Name: David**  
**Date**  
**DOB**  
**H.T**  
**W.T**

**Chief Complaint:**

**History Of Present Illness:**

**Allergies:**

**Diagnosis:**

**Assessments:**

APPEARANCE: Well-groomed MOTOR.<br> BEHAVIOR: Calm.<br> ATTITUDE: Cooperative  
MOOD good.<br> AFFECT: Appropriate.<br> SPEECH: Normal.<br> ORIENTATION:  
A&Ox3.<br> PERCEPTION: normal.<br> THOUGHT PROCESS: Spontaneous.<br>  
THOUGHT CONTENT: Appropriate.<br> CONCENTRATION: Good.<br> MEMORY: no  
deficit.<br> INTELLIGENCE: Good.<br> IMPULSE CONTROL: fair.<br> INSITE:  
good.<br> JUDGEMENT: good.<br> RISK ASSESSMENT: Suicidal Ideation/Homicidal Ideation  
denied. Access to Firearms denied.

**Procedures:**

**Medications:**

**Care Plan:**

**Mental Status Examination:**

APPEARANCE: Kemp.<br> Alert: Yes.<br> Behavior: Normal, Cooperative.<br> Speech:  
Verbal.<br> Mood: Euthymic.<br> Affect: Appropriate.<br> Thought Process: Intact.<br>  
Thought Content: Denied.<br> Delusion: Denied.<br> Suicidal Ideations: No.<br> Homicidal  
Ideations: No.<br> History of Aggression: No.

**Follow Up:**

- Follow Up with PCP for Further Medical Management
- Follow Up with Psychiatrist

**VISIT CODES:**

99345; Home/res Visit New Patient 99349 Home Visit Established