

Original Document

01-04-24;03:07PM;TCRHCC Mental Health

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MRN: 14091

Visit: 6889624

Age: 64y

Gender: Female

Tuba City Regional Health

Current Location: *TC-

EMERGENCY

DEPARTMENT

Mental Health Medication Management -Private-followup visit [Charted Location: *TC-MENTAL HEALTH] [Date of Service: Dec-22-2022 10:24; Authored: Dec-22-2022 10:24]- for Visit: 6570111, Complete, Entered, Signed in Full, General

Reason for Visit:

- Reason for Visit Medication management
- Source of Information patient, family
- Patient Accompanied by family
- Additional Comments Daughter
- Visit Type followup visit
- Is this visit injury related No

Vital Signs:

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- Heart Rate (beats/min) 69 bpm
- BP Systolic (mm Hg) 124 mm Hg
- BP Diastolic (mm Hg) 74 mm Hg
- BP Mean (mm Hg) 90 mm Hg
- Admission Weight (lbs) 131.3 lb
- Admission Weight (kg) 59.6 kg
- Weight Method standing scale

HPI:

Free Text HPI:

- Circumstances of this Admission Including the Reasons, Events, and Precipitants: WT: 59.6 (+4) BP: 124/74 AIMS= 3 MOCA=11/30 on 3/1/2022

CHIEF COMPLAINT at recent intake: "I was in treatment in Phoenix (El Mirage) and now I am out of medication"

CHIEF COMPLAINT today: following down

PRESENTING PROBLEM at recent intake: presents stating she needs a psych evaluation and treatment for her **schizophrenia** and problems related to **alcoholism/drinking**.

63yo female with a current diagnosis of **chronic schizophrenia**, **tardive dyskinesia** and a **severe alcohol use disorder in early remission** with a local support system. Arrives on time for scheduled appointment accompanied by her daughter. Reports sleeping thru the night without difficulty initiating sleep most nights a week, and currently taking psychiatric medication as prescribed. Dress is appropriate and hygiene is questionable as per daughter she needs constant reminders to perform ADLs which she is resistive; client appears stated age. Speech is normal rate volume and tone for her debilitated chronic condition. Affect is somewhat disorganized and delayed. Orientation x4. Judgment and insight are limited. Hallucinations are intact. Affect is somewhat sad. Mood stated is dysthymic stating increasing auditory hallucinations and neck movements. States current stressors as auditory hallucinations which have lessened greatly but still bothers. Acknowledges AH and denies VH. Denies current SI. Denies anxiety and depression. Denies any side effects of medications.

Brief Summary: Will presents today accompanied by daughter to check in possibly make medication adjustments and possible assistance at home or possibly placement after recently

Requested by: (CST), Jan-04-2024 16:04

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List of ICD-10 Codes

1. **F20.9: Schizophrenia, unspecified**

This code is used for the diagnosis of "chronic schizophrenia" mentioned in the patient's current diagnosis. The patient exhibits symptoms consistent with schizophrenia, including auditory hallucinations, disorganized affect, and limited judgment and insight. The chronic nature of the condition is noted in the diagnosis.

2. **G24.01: Drug-induced tardive dyskinesia**

This code accurately matches the diagnosis of "tardive dyskinesia" mentioned in the patient's current diagnosis. The document mentions "neck movements" which is consistent with tardive dyskinesia, a condition often associated with long-term use of psychiatric medications.

3. **F10.21: Alcohol dependence, in remission**

This code is used for the diagnosis of "severe alcohol use disorder in early remission" mentioned in the patient's current diagnosis. In ICD-10, severe alcohol use disorder from DSM-5 is coded as alcohol dependence. The "in remission" specification is added due to the explicit mention of "early remission" in the note.

Note: The coding follows the ICD-10 guideline to code confirmed diagnoses. The patient's current symptoms (such as auditory hallucinations and mood changes) are considered part of the schizophrenia diagnosis and do not require separate coding.