



**Patient Name:** Test, Barbara  
**Date of Birth:** 10/2/1952  
**CPT Code:** 90832

**Facility:** Test Facility  
**Service Date:** 5/6/2024  
**Start Time:** 10:43:28 AM - 11:11:28 AM

**DX:** Z13.31

**SYMPTOMS: (Symptoms that were focused on in this session)**

**Psychological:** Helplessness, Hopelessness, Drug Seeking

**Physical:** Communication, Sleep, Falling/Risk of Falling

**Dementia Risks:**

**FUNCTIONAL / BEHAVIORAL CHALLENGES: (Functional and Behavioral Challenges that were focused on in this session)**

Aggression (Verbal / Physical), Inappropriate Behaviors and Interactive Skills, Memory/Cognitive/Decision making difficulty

**STRESSORS/CHANGES IN MENTAL STATUS: (Stressors, or changes in mental status that may affect functioning)**

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**THERAPEUTIC GOALS WORKED ON IN THIS SESSION:**

Reduction of Symptoms, Stabilization of Symptoms

**Objectives (Preventive) WORKED ON IN THIS SESSION:**

Alcohol/Substance Abuse, Anger Management

**Objectives (Treatment) WORKED ON IN THIS SESSION:**

Anger

**SPECIFIC PSYCHOTHERAPEUTIC INTERVENTIONS:**

Cognitive Behavioral Therapy, Coping Skills Training, Goal Setting/Strategies

**RESULTS OF PSYCHOTHERAPY:**

No Significant Change

**Improved:** Coping Skills

**Identified:** External Supports to sustain Compliance and Gains

**Reduced:** Pain

**DISPOSITION / RATIONALE FOR CONTINUED TREATMENT:**

Symptoms Require more Attention, Avert Hospitalization

**Summarize Progress and plan: (Include significant developments since last session, session gains, additional recommendations, comments)**

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This session has been done via tele-  
medicine and patient consent has been  
obtained

ShimonKriger - LCSW

The above certifies that the services above were necessary for patient care.