

# Psychiatric Medication Management Note

## Visit Details

- Patient name: [Name]
- DOB / Age: [DOB] / [Age]
- MRN: [MRN]
- Date of service: [MM/DD/YYYY]
- Provider: [Name, credentials]
- Visit type: [In person / Telehealth (video) / Telehealth (audio only)]
- Start time / End time: [Start] / [End]
- Preferred pharmacy: [Pharmacy name, location]

## 1. Chief Complaint and Interval History

- Reason for visit: [Routine medication follow-up / Medication change / Refill / Other]
- Patient's own words: [Short quote or summary]
- Since last visit: [Mood, stressors, life events, hospital or ER visits, therapy progress]

## 2. Current Medications

| Medication | Dose | Frequency          | Taking as prescribed?          | Response                | Side effects   | Change today                            |
|------------|------|--------------------|--------------------------------|-------------------------|----------------|-----------------------------------------|
| [Drug 1]   | [mg] | [Daily / BID / HS] | [Yes / Missed doses / Stopped] | [Good / Partial / None] | [None / List]  | [Continue / Increase / Decrease / Stop] |
| [Drug 2]   | [mg] | [Frequency]        | [Adherence]                    | [Response]              | [Side effects] | [Change]                                |
| [Drug 3]   | [mg] | [Frequency]        | [Adherence]                    | [Response]              | [Side effects] | [Change]                                |

- Allergies / adverse drug reactions: [List or NKDA]
- Other medicines, OTC, supplements: [List or None]
- Alcohol, tobacco, caffeine, other substances: [Details or None reported]
- Barriers to taking medication (cost, side effects, forgetting, refills): [Details or None]

### 3. Symptom Review

| Area                   | Status since last visit | Notes             |
|------------------------|-------------------------|-------------------|
| Mood                   | [Better / Same / Worse] | [Notes]           |
| Anxiety                | [Better / Same / Worse] | [Notes]           |
| Sleep                  | [Better / Same / Worse] | [Hours per night] |
| Appetite / Weight      | [Better / Same / Worse] | [Notes]           |
| Energy / Concentration | [Better / Same / Worse] | [Notes]           |
| Psychotic symptoms     | [None / Present]        | [Notes]           |
| Mania / Hypomania      | [None / Present]        | [Notes]           |

- Rating scales: [PHQ-9: \_\_\_ / GAD-7: \_\_\_ / Other: \_\_\_]

### 4. Monitoring

- Vitals: [BP / HR / Weight / BMI]
- Labs reviewed: [A1c, lipids, CBC, LFTs, drug levels, date]
- Movement check (AIMS), if on an antipsychotic: [Date and score / Not applicable]
- Pregnancy status, if relevant: [Status / Not applicable]

### 5. Risk Assessment

- Suicidal thoughts: [None / Passive / Active, with plan / intent]
- Self-harm: [None / Details]
- Thoughts of harming others: [None / Details]
- Access to means (firearms, stockpiled medication): [Details]
- Protective factors: [Family, work, treatment engagement, future plans]
- Risk level: [Low / Moderate / High]
- Safety plan reviewed: [Yes / No / Not needed]

### 6. Mental Status Exam

- Appearance: [Details]
- Behavior / Eye contact: [Details]
- Speech: [Normal / Pressured / Slow]
- Mood (patient's words): [Details]
- Affect: [Euthymic / Anxious / Flat / Labile]

- Thought process: [Linear / Tangential / Disorganized]
- Thought content: [No delusions / Details]
- Perception: [No hallucinations / Details]
- Cognition / Orientation: [Details]
- Insight: [Good / Fair / Poor]
- Judgment: [Good / Fair / Poor]

## 7. Assessment

- Diagnosis (ICD-10): [Code and name]
- Overall status: [Improved / Stable / Worsened]
- Response to treatment: [Short summary of symptoms, side effects, and functioning]
- Clinical reasoning for today's decision: [1 to 3 lines]

## 8. Plan

- Medication changes: [Continue / Start / Increase / Decrease / Stop, with drug and dose]
- Prescriptions sent: [Drug, dose, quantity, refills, pharmacy]
- PDMP checked (controlled substances): [Yes, date / Not applicable]
- Risks, benefits, alternatives, and side effects discussed: [Yes / Details]
- Patient understanding and agreement: [Yes / Details]
- Labs or tests ordered: [List or None]
- Therapy / referrals / care coordination: [Details or None]
- Crisis plan given (988, clinic number): [Yes / No]
- Follow-up: [Date or timeframe]

## 9. Billing

- E/M code: [99212 / 99213 / 99214 / 99215]
- Basis for code: [Medical decision making / Total time: \_\_ minutes]
- Add-on psychotherapy code, if done: [90833 / 90836 / 90838, with minutes]
- Telehealth place of service and modifier: [As per payer]

## Signature

[Provider name, credentials] | [Date and time signed]