Location Codes: 02- Telehealth 03- School 11- Office/DBH Site 12- Home 28- Non-face-to-face

DATE:	BILLING TIME:	*Face-to-Face*	*Total*	LOCATION:	CDI Code:

ID/History of Presenting Illness (Target symptoms with functional impairment/Medical necessity)

Evaluation of Side Effects/Action Taken ☐None ☐T.D. Absent ☐T.D. Present (specify) ☐Other

MENTAL STATUS EXAMINATION *Within Normal Limits (WNL)*

Appearance/Hygiene	☐WNL ☐Disheveled ☐Poor hygiene
Behavior	☐WNL ☐Uncooperative ☐Intrusive ☐Withdrawn ☐Aggressive/Agitated ☐Poor eye contact ☐Talks/Laughs/Smiles to Self ☐Other (specify)
Speech	☐WNL ☐Rapid ☐Pressured ☐Loud ☐Slow ☐Soft ☐Other (specify)
Mood/Affect	☐WNL ☐Depressed ☐Anxious ☐Tearful ☐Angry/Irritable ☐Flat/blunted ☐Constricted/Restricted ☐Labile ☐Other (specify)
Perceptual Process	☐WNL ☐Auditory hallucinations ☐Command hallucinations ☐Visual hallucinations ☐Other (specify)
Thought Process	☐WNL ☐Tangential ☐Loose ☐Circumstantial ☐Flight of ideas ☐Disorganized ☐Thought blocking
Thought Content	☐WNL ☐Suicidal ideation ☐Homicidal ideation *Delusions:* ☐Paranoid/Persecutory ☐Grandiose ☐Religious ☐Nihilistic ☐Somatic ☐Erotomanic
Insight	☐Good ☐Fair ☐Poor | Memory ☐WNL *impaired:* ☐Immediate ☐Recent ☐Remote
Judgment	☐Good ☐Fair ☐Poor | ☐Oriented x4 OR NOT Oriented to: ☐Person ☐Place ☐Time ☐Situation

Adherence to medication plan

Date of last labs ☐Labs reviewed with patient

Diagnosis *(Check Blue Diagnosis Sheet)*

Interventions: ☒see Outpatient Medication Record | **CURES:** ☐Reviewed ☐Not applicable this visit

Assessment/Plan/Medical Decision-Making

Physician Signature

Physician Printed Name or stamp

ADULT PSYCHIATRIC PROGRESS NOTE
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME: _____
CHART NO: _____
DOB: _____
PROGRAM: _____