

SERENITY MENTAL HEALTH SERVICES

**6613 Eastridge Road
Black Hawk, SD 57718
605-431-8595**

CLIENT NAME	DATE & TIME

GOALS:

- 1) I will cooperate and accept treatment interventions designed to arrest my depressive symptoms.
- 2) I will gain the initial skills necessary for assertiveness and enhance my self-image and agree to continue working on this problem at a less intensive level of care.

S: Describe what you discovered or talked about in this session:

O: Describe how you felt in this session:

A: Assess your involvement in this session and what was difficult for you in this session:

Comments: _____

How did this session apply to your goals? _____

P: What are you going to do with your experience from this session?

Continue with identified treatment goals as listed above: YES OR NO

If no, please list the treatment update below.

Comments: _____

Will continue to be seen on a regular basis: YES OR NO

Would like to be referred to another therapist: YES OR NO

Email address: _____

Next appointment date: _____ Time: _____

Client Name

Date

Dr. Diana Smith, LPC-MH

Date

Office Use Only

CPT Code	Modality	¼ HOUR UNITS
<input type="checkbox"/> 90791	Diagnostic Evaluation (No Medical)	<input type="checkbox"/> 4
<input type="checkbox"/> 90792	Diagnostic Evaluation (With Medical)	<input type="checkbox"/> 6
<input type="checkbox"/> 90832	Individual Therapy 30 min.	<input type="checkbox"/> 8
<input type="checkbox"/> 90834	Individual Therapy 45 min.	
<input type="checkbox"/> 90837	Individual Therapy 60 min.	
<input type="checkbox"/> 90785	Interactive Complexity for Diag. Eval. Individ. Ther. Or Grp. Ther.	
<input type="checkbox"/> 90839	Crisis Psychotherapy 60 min.	
<input type="checkbox"/> 90840	Crisis Psychotherapy additional 30 min.	
<input type="checkbox"/> 90846	Family Psychotherapy (Pt. not Present)	
<input type="checkbox"/> 90847	Family Psychotherapy (Pt. Present)	
<input type="checkbox"/> 90849	Family Group Psychotherapy	
<input type="checkbox"/> 90853	Group psychotherapy (other than of a multiple-family group)	

Mental Status Exam

AFFECT OR MOOD <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Flat <input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Anxious <input type="checkbox"/> Manic <input type="checkbox"/> Apathetic <input type="checkbox"/> Blunted <input type="checkbox"/> Euphoric <input type="checkbox"/> Inappropriate to thought <input type="checkbox"/> Frightened	THOUGHT PROCESS/ATTITUDE <table><tr><td><input type="checkbox"/> Appropriate</td><td><input type="checkbox"/> Cooperative</td></tr><tr><td><input type="checkbox"/> Confused</td><td><input type="checkbox"/> Friendly</td></tr><tr><td><input type="checkbox"/> Poor memory</td><td><input type="checkbox"/> Trusting</td></tr><tr><td><input type="checkbox"/> Guilt</td><td><input type="checkbox"/> Purposeful</td></tr><tr><td><input type="checkbox"/> Loose associations</td><td><input type="checkbox"/> Seductive</td></tr><tr><td><input type="checkbox"/> Poor concentration</td><td><input type="checkbox"/> Mature</td></tr><tr><td><input type="checkbox"/> Disoriented</td><td><input type="checkbox"/> Hostile</td></tr><tr><td><input type="checkbox"/> Obsessions</td><td><input type="checkbox"/> Defensive</td></tr><tr><td><input type="checkbox"/> Compulsions</td><td><input type="checkbox"/> Guarded</td></tr><tr><td><input type="checkbox"/> Phobia</td><td><input type="checkbox"/> Evasive</td></tr><tr><td><input type="checkbox"/> Hallucinations</td><td><input type="checkbox"/> Conscientious</td></tr></table> VTAOG <input type="checkbox"/> Delusions <input type="checkbox"/> Goal directed	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Confused	<input type="checkbox"/> Friendly	<input type="checkbox"/> Poor memory	<input type="checkbox"/> Trusting	<input type="checkbox"/> Guilt	<input type="checkbox"/> Purposeful	<input type="checkbox"/> Loose associations	<input type="checkbox"/> Seductive	<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Mature	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Hostile	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Defensive	<input type="checkbox"/> Compulsions	<input type="checkbox"/> Guarded	<input type="checkbox"/> Phobia	<input type="checkbox"/> Evasive	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Conscientious	BEHAVIOR (PLEASE CIRCLE) <table><tr><td>Appropriate</td><td>Hyperactive</td></tr><tr><td>Uncommunicative</td><td>Confused</td></tr><tr><td>Hypoactive</td><td>Restless</td></tr><tr><td>Distractible</td><td>Domineering</td></tr><tr><td>Short attention</td><td>Submissive</td></tr><tr><td>Agitated</td><td>Suspicious</td></tr><tr><td>Resistive</td><td>Rapid speech</td></tr><tr><td>Withdrawn</td><td>Aggressive</td></tr><tr><td>Impulsive</td><td></td></tr></table> <table><tr><td></td><td>G</td><td>A</td><td>P</td></tr><tr><td>Appearance</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Judgment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Insight</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Appropriate	Hyperactive	Uncommunicative	Confused	Hypoactive	Restless	Distractible	Domineering	Short attention	Submissive	Agitated	Suspicious	Resistive	Rapid speech	Withdrawn	Aggressive	Impulsive			G	A	P	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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