

Physician Daily Progress Note

Clinical Interview / Narrative Update: Feels "eh." No SE to medications. (discuss) With his mom, dad, classmates, he does it know why. States he gets along w/ his sister. Called and left a message for his mother to call back. He does not remember assaulting school teacher, why or that he struck another child here.		Cognitive Assessment: <input checked="" type="checkbox"/> Grossly Intact <input type="checkbox"/> Names last 4 Presidents <input type="checkbox"/> Oriented x 4 <input type="checkbox"/> Spells WORLD/DLROW <input type="checkbox"/> Serial calculations intact <input type="checkbox"/> Immediate recall - 3 words <input type="checkbox"/> Remote recall - 3 words
Appearance:	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Unkempt <input type="checkbox"/> Bizarre <input type="checkbox"/> Other:	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Other:
Behavior:	<input checked="" type="checkbox"/> Engaged <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other:	Capacity for Activities of Daily Living: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Impaired
Speech:	<input checked="" type="checkbox"/> Normal rate and rhythm <input type="checkbox"/> Hypervolbal <input type="checkbox"/> Hypoverbal <input type="checkbox"/> Alogia / Poverty of Speech	
Motor:	<input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Slowed <input checked="" type="checkbox"/> Other: <i>noted to be playing w/ his toys</i>	
Mood:	<input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Labile <input type="checkbox"/> Elated <input type="checkbox"/> Irritable <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Other (Explain): <i>during interview</i>	
Affect:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Dysphoric <input type="checkbox"/> Other: <i>(constate)</i>	
Thought Process:	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Disorganized <input type="checkbox"/> Tangential <input type="checkbox"/> Ruminations <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Grandiose <input type="checkbox"/> Other (Explain):	
Hallucinations:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, describe)	
Delusions:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, describe)	
Suicidality:	Suicidal Thoughts: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: Suicidal Plan(s): <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	
Homicidality:	Homicidal Thoughts: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: Homicidal Plan(s): <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	
Insight:	<input type="checkbox"/> Good understanding of illness <input type="checkbox"/> Improving <input checked="" type="checkbox"/> Impaired understanding of illness	
Judgment:	<input checked="" type="checkbox"/> Impaired decision making ability <input type="checkbox"/> Improving <input type="checkbox"/> Participates in treatment decisions	
Any changes in Primary Diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, describe): <i>ODD moderate.</i>		
Additional Medical Issues: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, explain):		

States he hits others
 when he is angry
 or looked
 it is unable to
 identify what
 causes anger or
 boredom



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Detoxification	<input type="checkbox"/> No Withdrawal <input type="checkbox"/> Alcohol Detox <input type="checkbox"/> Narcotic Detox <input type="checkbox"/> Benzodiazepine Detox
Withdrawal Symptoms:	
<input checked="" type="checkbox"/> N/A	
Review of Medications	
Medication Changes with Rationale:	
<i>No Discontinuation</i>	
Alternative(s) discussed:	
Potential risks/side effects reviewed:	
<input type="checkbox"/> Completing physician discussed pertinent risks, benefits, and alternative therapies related to prescribed medications, including but not limited to black box warnings.	
<input type="checkbox"/> Patient/Guardian was provided the opportunity to ask questions about the medications, and demonstrated understanding.	
Results of Diagnostic Testing: <input checked="" type="checkbox"/> Within Normal Limits <input type="checkbox"/> Abnormal (if so, explain)	
Rationale for Continued Stay: <i>could benefit from mood management & courtship</i>	
Barriers to Discharge/Risk Factors: <input type="checkbox"/> None <input type="checkbox"/> Lack of social support <input type="checkbox"/> History of SI/HI/Assaultive Behavior <input type="checkbox"/> S&R/ETO within last 24 hours <input type="checkbox"/> Access to means of self-harm <input type="checkbox"/> Inability to care for self <input type="checkbox"/> Current SI/HI <input type="checkbox"/> Other:	
Estimated Length-of-Stay: <i>3-4 days</i>	
Physician Re-Certification (check below the box to indicate continued need for inpatient care): <input checked="" type="checkbox"/> Yes, the patient needs continued acute inpatient care.	
I certify that the inpatient psychiatric facility services furnished since the previous certification were, and continue to be, medically necessary for, either treatment which could reasonably be expected to improve the patient's condition or diagnostic study and that the hospital records indicate that the services furnished were either intensive treatment services, admission and related services necessary for diagnostic study, or equivalent services.	
I certify that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel.	
Physician Signature	[Redacted Signature]

