



Progress Note v2

Service *

Individual Therapy - Telehealth ▼

CT ID *

12345

Client's Name *

John Doe

Session Date *

9/17/2024 📅

Start Time *

3:31 PM 🕒

End Time *

4:25 PM 🕒

Duration

54

Units

4

Session Took Place at: *

Telehealth (02) ▼

Persons Present Other than Practitioner

Client Parent/Guardian

Other

Telehealth Platform Used: *

Doxy

e.g. Doxy

Type of telemedicine service provided: *

VIDEO-TO-VIDEO COMMUNICATION VIA COMPUTER

AUDIO COMMUNICATION

(X) Type of telemedicine service provided: Yes, described above.

(X) Consent is signed by the client for the use of Telehealth services (telehealth service provided is listed above under "Service")

(X) Services are medically necessary.

(X) Compliance with HIPAA standards. Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. (<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>)

(X) Any supervision requirements continue to apply to telehealth services as if they were in-person services.

(X) Agency is compliant with AHCA Alert regarding Telehealth Services. Such can be found at https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_04/Medicaid_Telemedicine_Flexibilities_for_Behavioral_Health_Providers_During_the_COVID-19_State_of_Emergency_20200416.pdf

Verification (required for sessions after 10/01/22) *

Screenshot of session, or of platform times

Verification Form

UPLOAD Screenshot / Photo *

Upload

or drag files here.

Screenshot (45).png

↓
ⓧ

1 MB

Only Images are accepted

Check Problems Addressed Today *

- Anxiety / Panic Attacks Depression Impulse Control Inattentiveness Self-Mutilation
- Anger Management Social Skills Non-Compliance Eating Disorder PTSD OCD
- Phobias Legal Issues Sexual Issues Separation & Loss Self Esteem
- Family Conflict Substance Abuse Hallucinations Sleep Problems Trauma
- Relationship Issues

Treatment Plan Goals/Objectives Addressed *

John will be able to learn and use at least 5 different anger management techniques.
"I don't want to be angry all the time. I want to learn how to cope with anger."

Practitioner's Interventions *

The clinician utilized person centered therapy throughout the session with John to include open-ended questions and active listening. The clinician utilized reflective listening with probing questions to work with John on recalling different coping and grounding techniques discussed throughout therapy.

Client's Response *

Doxy.me was used as the platform for the session and John was visually verified. John presented as alert but restless throughout the session as evidenced by engaging with therapist but moving often. He required a lot of redirection and reminders to remain engaged. John and clinician discussed coping skills. He was able to discuss and practice new coping skills. He reported "I get mad." He

Progress (as it relates to Treatment Plan Goals/Objectives) *

John was able to learn different anger management techniques

Homework *

For homework, John will pick one of the skills he was able to recall in session and practice it daily to help increase familiarity

Plan *

The therapist will meet with John virtually for a telehealth session next Wednesday to continue to address anxiety symptoms
Or
In the next session, 3/25/2022, John and therapist will continue discussing appropriate ways to manage emotions.

Suicidal/Homicidal Risk

Does the practitioner have any concern for suicidal or homicidal threats or ideas from the client? *

- YES
- NO

If you DO have Concerns > Warning Signs Present:

- Talking About Wanting to Kill Others
- Talking About Wanting to Kill Themselves
- Increased Social Isolation
- Increased Hopelessness
- Previous Attempts (Suicide/Homicide)
- Being Bullied at School or Home
- Feeling Overwhelmed
- Sudden Happiness after Prolonged Depression
- Insomnia or Sleeping Too Much
- Irritable or Agitated
- Losing Interest in Matters that Used to Matter
- Giving Away Items
- Talking About Death
- Preoccupied with Guns, Bombs, or Other Harm Tools
- Client stopped taking Prescribed Medications

Mental Status

Appearance *

- Appropriate
- Unclean
- Unusual
- Neat
- unkempt
-

Speech *

- Normal
- Soft
- Pressured
- Loud
- Slow
-

Affect *

- Appropriate
- Constricted
- Expansive
- Flat
- Euthymic
- Irritable
-

Mood *

- Euthymic
- Depressed
- Anxious
- Labile
- Euphoric
- Irritable
- Expansive
-

Behavior *

Normal Respectful Calm Withdrawn Evasive Guarded Histrionic

Oriented To *

Time Person Place Circumstance

Disoriented

?

Yes

No

Comments

Drawings, Papers that you need to upload that correspond to this note:

Upload

 or drag files here.

Optional

Signature

Appropriate consent for this client is on file and up to date; Latest Treatment Plan for this client is on file and up to date; Session took place at the date/times indicated herein.

Practitioner's Name *

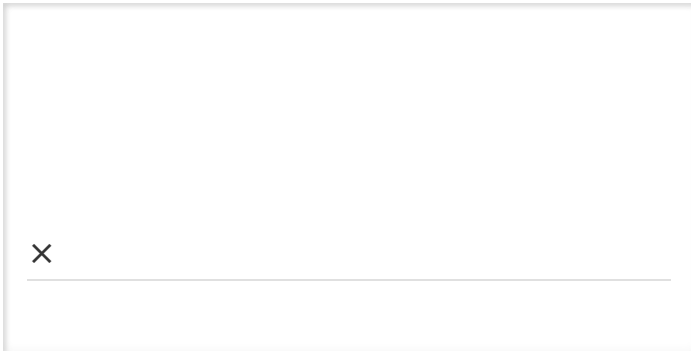
Credentials *

Clinician's Email *

Practitioner's Signature *

Date Signed

9/17/2024



draw type

Submit Note

Save