**Family Stress Clinic**

**Department of Family Medicine, UVA Health System**

**pic 1529; Clinic: 243-6868**

**BEHAVIORAL HEALTH APPOINTMENT**

**Patient:**

**MRN:**

**Insurance:**

**Persons present:**

**Date:**

**Time:**

**Place of service:** Family Stress Clinic

**CPT:** 90832 or 90834 (if treatment for psychiatric diagnosis), 96150 if no mental health diagnosis

**Resident/Student Clinician:**

**Attending Clinician:** [ ] Claudia W. Allen, PhD [ ] Joseph Tan, PhD

**Informed Consent:** Patient was informed of and consented to limits of confidentiality (duty to warn and protect, abuse of children and vulnerable persons, documentation in EPIC) and the participation of the therapy team observing behind the mirror.

**Diagnosis** (mental health if 90832 or 90834, medical if 96150):

**Description of encounter**:

You can use a narrative style to describe your encounter or if you used the BATHE method for your encounter, you can use these section headers below. And below are some headers that might be helpful.

Resident therapist X met with X for xx minutes. We discussed …

or

I met with patient for approximately for the purposes of exploring patient’s health-related behavioral concerns and providing assistance in addressing those concerns.

Using the BATHE protocol to provide support and strengthen adaptive coping, we identified the following:

**What’s going on that you wanted to talk about today?**

**How is that affecting you emotionally?**

**What troubles you the most?**

**How are you handling it/coping so far?**

**What else would help?**

I engaged patient in the following intervention (some examples below)

Practice deep breathing for stress management…

Problem-solved with patient around….

Provided psychoeducation around …

Provided parenting guidance around….

Introduced positive parenting techniques

Developed safety plan…

Engaged patient in increasing behavioral activation to improve mood.

Utilized motivational interviewing techniques to address…

We discussed the specifics of next steps and problem-solved likely barriers and possible resources, the details of which are below.

Risk Assessment: (include this section if the patient mentioned suicidal or homicidal ideation, or any symptoms with a high risk for suicidal behavior; otherwise, delete it)

X has a chronically elevated risk for self-harm due to… (limited or maladaptive coping strategies, alcohol abuse disorder, psychosis, impulsivity, previous attempts, lack of social support, chronic pain, exposure to violence, etc.)

X’s additional risk factors include… (depression, hopelessness insomnia, feeling of being a burden, firearms in the home, unemployment, family conflict, etc.)

X’s protective factors against self-harm include… (no current suicidal ideation, no intent, no plan, social support, religious beliefs, commitment to care for children, future-oriented thinking, engagement in treatment, no firearms in the home, etc.)

Given these risk and protective factors, X’s current imminent risk for self-harm is Low.

Given these risk and protective factors, X’s current imminent risk for self-harm is Moderate, but the patient is appropriate for continued outpatient care follow up with the risk being addressed with plan below. (plan could include medication management, hotlines, social support, etc.)

**Plan**:

1.

2.

Patient will pursue the action outlined above and plans to review progress with the PCP at the next regularly scheduled appointment.

Patient expressed understanding that s/he can make another Behavioral Health appointment or call the Family Stress Clinic at 434-243-6868 if s/he would like other resources or to discuss the plan further.

*Delete if not present*:

**Interactive Complexity was Present in the Form of**

\_\_1. Maladaptive communication

\_\_2. Caregiver emotions/behavior that interfere with implementation of the treatment Plan.

\_\_3. Evidence/disclosure of a sentinel event and mandated report to a third party with initiation of discussion of the sentinel event and/or report with patient and other visit participants.

\_\_4. Use of play equipment, other physical devices, interpreter or translator to communicate with the patient.

**Attestation**: