Optum

Medication Management Progress Note

Client Name:	
Date of Service:	Length of Session:
CPT Code:	Diagnosis/ICD Code:

Present at Session

☐ Client Present
☐ Client No showed/Cancelled
☐ Others Present, List name(s) and relationship to client:

Significant Changes in Client's Condition

☐ No significant change from last visit
☐ Mood/Affect
☐ Thought Process/Orientation
☐ Behavior/Functioning
☐ Substance Use
☐ Physical Health Issues
☐ Other, Explain:

Danger to:

☐ Self ☐ Others ☐ Property ☐ None ☐ Ideation ☐ Plan ☐ Intent ☐ Means ☐ Attempt

Specifics Regarding Risk Assessment

(Include safety planning, reports made, etc.)

Evaluation Management (Include required number of elements based on E/M billed):

History:

Examination:

Current medication(s)/medication change(s):

☐ Refills
☐ No side effects or adverse reactions noted or reported

Medical Decision Making:
Lab Tests:
☐ Ordered ☐ Reviewed Describe:
Recommendations and/or Referrals
Follow-up Appointment:
Provider Information

Provider Signature & Credentials (if signature illegible, include printed name):	Date of Signature: