

Psychiatry/Medication Progress Note

This note is to be completed **ONLY** by a psychiatrist or advanced practice nurse with prescribing privileges for a psychopharmacology service.

Data Field	Identifying Information Instructions
Person's Name	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Date of Admission	Record the date of admission per agency policy (this should be the first service date for this service episode).
Organization/Program Name	Record the organization and Program for whom you are delivering the service.
DOB	Record the person's date of birth.
Gender	Indicate person's gender by checking the appropriate box. If checking "Transgender" box, also complete box of current gender designation for insurance purposes.
List of Names of Persons Present	Check appropriate box: <i>Person Present</i> ; <i>No Show</i> ; <i>Person Canceled</i> . If <i>Provider Canceled</i> is checked, document explanation as relevant. If <i>Others Present</i> is checked, identify name(s) and relationship(s) to person.
Interim History	Document an interval history of client including progress made since last session, effectiveness of medications, progress related to symptoms, substance use, significant new issues, changes in family and social history and overall functioning.
Mental Status	Comment on current areas of mental status evaluation, including significant changes since last visit. Document any risk issues and if present, document action plan to address.
Takes meds as prescribed	Record whether medication was taken as prescribed since last session, yes/no or n/a. Provide additional relevant information after Comments.
Side Effects	Record whether side effects are present or occurred since last session, yes/no or n/a. Provide additional relevant information after Comments, e.g. increased thirst, dizziness, decreased sexual function.
Allergic Reactions	Record any reported or observed allergic reactions to medications. As appropriate, provide additional relevant information after Comments.
Changes in Medical Status	Record whether there have been any changes in medical status since last session, yes/no or n/a. Provide additional relevant information after Comments.
Other Meds	Record any new medications the person has been taking since the last session, e.g. over the counter/herbal/none/other. Provide additional information after Comments.
Goal(s) Addressed as Per Psychopharmacology Plan	Identify the specific goal(s) and objectives in the Psychopharmacology Action Plan or Individual Action Plan being addressed during this intervention.

Psychiatric Nurse Progress Note

Kathleen Wheeler



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with Quizlet and memorize flashcards containing terms like What gland secretes FSH (follicle-stimulating hormone)?, On what day does the FSH reach its ... LAB _____. STAGES OF THE HUMAN MENSTRUAL CYCLE When a human female is born, her ovaries already contain all the immature eggs that will later mature and produce functional eggs during her lifetime. Menstrual cycle lab and graphs Menstrual cycle lab and graphs. Ch 36. Menstrual cycle (ovulation). The Menstrual Cycle; About every 28 days, some blood and other products of the ... Follicle-Stimulating Hormone (FSH) Levels Test by FSHFSHL Test — This test measures the level of follicle-stimulating hormone (FSH) in your blood. FSH affects sexual development in children and fertility ... Top Labs To Run Bi-Annually On Your Irregular Menstrual ... Aug 7, 2023 — Lab tests like anti-Müllerian hormone (AMH) and follicle-stimulating hormone (FSH) levels provide a comprehensive overview of ovarian function.