Comprehensive Standard Follow-Up Note

Patient Information

Name: _____ Date of Birth: ___ Date: _ MRN/ID: ___ Provider: _____ Visit Type: ☐ In-person ☐ Telehealth ☐ Phone Visit #: _____

Interval History

Time Since Last Visit: _____ Chief Complaint/Reason for Visit: _____

Interval History (significant events since last visit):

Current Symptoms:

Rating Scales (if applicable): ☐ PHQ-9 Score: _ Previous: _ ☐ Improved ☐ Unchanged ☐ Worse ☐ GAD-7 Score: _ Previous: _ ☐ Improved ☐ Unchanged ☐ Worse ☐ Other: __
Score: _ Previous: _____ ☐ Improved ☐ Unchanged ☐ Worse

Medication Review

Medication	Dose	Frequency	Start/ Change Date	Adherence	Side Effects	Effectiveness

Overall Medication Adherence: ☐ Good ☐ Fair ☐ Poor ☐ Variable Barriers to Adherence: ☐ None ☐ Cost ☐ Side Effects ☐ Forgetting ☐ Other: ____ Medication Concerns: _____

Vital Signs and Physical Findings

BP: _ HR: _ RR: _ Temp: _ Weight: _ BMI: _ **Changes Since Last Visit:** ☐ None ☐ Weight gain/loss: _ ☐ BP changes ☐ Other: _ **Significant Physical Findings:** _____

Mental Status Examination

Appearance: ☐ Well-groomed ☐ Disheveled ☐ Other: _____ **Behavior:** ☐ Calm ☐ Agitated ☐ Restless ☐ Psychomotor retardation ☐ Other: ___ **Speech:** ☐ **Normal rate/ volume** ☐ **Pressured** ☐ **Slow** ☐ **Soft** ☐ **Other:** ___ **Mood:** ☐ **Euthymic** ☐ **Depressed** ☐ **Anxious** ☐ **Irritable** ☐ **Elevated** ☐ **Other:** __ **Affect:** ☐ **Full range** ☐ **Restricted** ☐ **Blunted** ☐ **Flat** ☐ **Labile** ☐ **Other:** ____ **Thought Process:** ☐ Linear ☐ Tangential ☐ Circumstantial ☐ Disorganized ☐ Other: _ **Thought Content:** ☐ No SI/HI/Psychosis ☐ Suicidal ideation: ☐ Passive ☐ Active ☐ With plan ☐ With intent ☐ Homicidal ideation: ☐ Passive ☐ Active ☐ With plan ☐ With intent ☐ Delusions: _____ ☐ Hallucinations: _____ ☐ **Obsessions/Compulsions:** _____ ☐ Other: _____ **Cognition:** ☐ **Alert and oriented x3** ☐ **Impaired:** _____ **Insight:** ☐ Good ☐ Fair ☐ Poor ☐ None **Judgment:** ☐ Good ☐ Fair ☐ Poor ☐ Impaired

Risk Assessment

Current Suicidal Ideation: ☐ No ☐ Yes: _____ **Current Homicidal Ideation:** ☐ No ☐ Yes: _____ **Self-Harm Behaviors:** ☐ **No** ☐ **Yes:** _____ **Substance Use:** ☐ No ☐ Yes: _____ **Risk Level:** ☐ Low ☐ Moderate ☐ High ☐ Imminent **Safety Plan:** ☐ Not indicated ☐ Reviewed ☐ Updated ☐ Created

Psychosocial Update

Living Situation: ☐ Unchanged ☐ Changed: _____ **Occupational/Educational Status:** ☐ **Unchanged** ☐ **Changed:** ____ **Support System:** ☐ **Unchanged** ☐ **Changed:** _____ **Stressors:** ☐ None ☐ Present: _____ **Coping Skills:** ☐ Effective ☐ Limited ☐ Improved ☐ Worsened

Lab/Diagnostic Results (if applicable)

Recent Labs: ☐ None ☐ Results: _____ **Medication Levels:** ☐ **None** ☐ **Results:** _____ **Other Diagnostic Results:** _____

Assessment

Current Diagnoses: 1. _____ 2. _____ 3. _____ 4. _____

Clinical Status: ☐ Improved ☐ Stable ☐ Worsening ☐ Mixed ☐ In remission ☐ In relapse **Treatment Response:** ☐ Good ☐ Partial ☐ Poor ☐ Unable to assess **Functional Status:** ☐ Improved ☐ Stable ☐ Worsening ☐ Mixed

Clinical Formulation/Case Conceptualization:

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Plan

Medication Changes: ☐ No changes ☐ Discontinue: _____ ☐ **Decrease:** _____ ☐ **Increase:** _____ ☐ **New medication:** _____ ☐ PRN medication: _____

Psychotherapy/Counseling: ☐ Continue current approach: _____ ☐ **Modify approach:** _____ ☐ **Topics addressed today:** _____ ☐ Interventions used: _____ ☐ Homework assigned: _____

Labs/Testing Ordered: ☐ None ☐ CBC ☐ CMP ☐ Lipid Panel ☐ TSH ☐ Medication Levels: _ ☐ **Other:** _

Referrals: ☐ None ☐ Therapy ☐ Case Management ☐ Medical ☐ Substance Use ☐ Other: _____

Education Provided: ☐ Diagnosis ☐ Medication ☐ Side Effects ☐ Coping Skills ☐ Other: _____

Follow-up: ☐ 1 week ☐ 2 weeks ☐ 1 month ☐ 3 months ☐ Other: _____ **Next Appointment: Date:** _ **Time:** _____

Treatment Goals Update:

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Additional Recommendations:

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Provider Signature: _____ **Date:** __ **Credentials:** _____ **License #:** _____

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Web Implementation Notes

This form should be implemented with: - Quick SOAP format with expandable sections - Medication adherence tracking with visual indicators - Side effect checklist with severity ratings - Treatment plan checklist with progress tracking - Pull forward capability from previous notes - Automatic calculation of days between visits - Medication change highlighting - Trend visualization for rating scales - Mobile-responsive design - PDF export functionality - Save/load capability - Integration with patient portal for pre-visit updates - Automatic reminder generation for ordered labs - Treatment goal progress tracking