

OUTPATIENT PSYCHIATRIC CLINIC  
2121 Main Street  
Raleigh, NC 27894  
919-291-1343

Date of Exam: 3/13/2012  
Time of Exam: 10:45 am

Patient Name: Smith, Anna  
Patient Number: 1000010544165

## TREATMENT PLAN FOR ANNA SMITH

### Treatment Plan Meeting

A Treatment Plan meeting was held today, 3/13/2012, for Anna Smith.

### Diagnosis:

Axis I: Generalized Anxiety Disorder, 300.02 (Active)  
Axis II: None V71.09  
Axis III: See Medical History  
Axis IV: None  
Axis V: 60

### Current Psychotropics:

Paxil 10 mg PO QAM  
Buspirone 10 mg PO QAM  
Ambien CR 6.25 mg PO QHS  
Synthroid 50 mcg PO QAM

### Problems:

Problem #1: anxiety

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### **Problem = ANXIETY**

Anna's anxiety has been identified as an active problem in need of treatment. It is primarily manifested by:  
Generalized Anxiety Disorder - with excessive worrying - with impairment in functioning.

### **Long Term Goal(s):**

- will reduce overall level, frequency, and intensity of anxiety so that daily functioning is not impaired.
- Target Date: 4/25/2012

### **Short Term Goal(s):**

Anna will have anxiety symptoms less than 50% of the time for one month.  
Target Date: 4/25/2012

In addition, Anna will exhibit increased self-confidence as reported by client on a self-report 0-10 scale weekly for two months.  
Target Date: 5/13/2012

### **Intervention(s):**

- Prescriber to monitor side effects and ADJUST MEDICATION DOSAGE to increase effectiveness and decrease SIDE EFFECTS, as appropriate for anxiety disorder once per week for one month.
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### **Comprehensive Treatment Plan Barriers**

#### **Emotional problems interfere with treatment.**

- Anna is fearful that her apprehensive symptoms will never be under good control.

### **Comprehensive Treatment Plan Strengths**

Anna's strengths include:

#### **cognitive**

- Intellectually bright

#### **communicative**

- Has good communicative skills

#### **family**

- Good relationship with family
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**Upon completion of Long Term Goal, Discharge or Transition Plan includes:**

Continue with current therapist: Name \_\_\_\_\_

Continue with current psychiatrist: Name \_\_\_\_\_

Refer for follow up with: Name \_\_\_\_\_ Arranged by: \_\_\_\_\_

Refer for follow up with: Name \_\_\_\_\_ Arranged by: \_\_\_\_\_

Other: \_\_\_\_\_

**Signature below indicates that this Treatment Plan has been reviewed and approved:**

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Patient: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Other: \_\_\_\_\_

**A copy of this treatment plan was: \_\_\_\_\_ given to the patient/family OR \_\_\_\_\_ declined by the patient/family.:**

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_ Title: \_\_\_\_\_

Elizabeth Lobao, MD

Electronically Signed

By: Liz Lobao, MD

On: 3/13/2012 10:48:09 AM