This sample case management note was created using the ICANotes Behavioral Health EHR. The only words typed are highlighted in yellow. Visit <u>https://www.ICANotes.com</u> for a free trial or demo.

SUNNY DALE COUNSELING 392 Central Ave. Suite 300 Jersey City, NJ 07307 Phone: (435) 435-4356

Jane Doe Case Management Chart ID 0006

DOB 07-08-1965 Encounter Date: Thursday, August 18, 2022

PRESENTING PROBLEM

Jane continues to experience anxiety. Jane is easily apprehensive. Avoidance of people or uncomfortable situations that cause anxiety continues. Concentration problems during anxious episodes continue. Jane continues to have episodes of depersonalization.

Symptoms of depression continue to be described. She is experiencing a loss of energy. She no longer participates in activities she previously enjoyed. She is fatigued. She has crying spells. Feelings of worthlessness are present.

SOCIAL SUPPORT CHANGES:

No changes in her family or social support network have occurred.

FAMILY INPUT:

Family input, as follows, has been received: <mark>The family is concerned about Jane's mental wellness. She appears</mark> to be much more depressed and anxious than usual. The family is hoping to have her medications reviewed with the physician.

SERVICES PROVIDED TODAY:

Jane was accompanied by her Case Manager to visit client's psychiatrist. Medications were reviewed and some changes were made. Plan: Will monitor to make sure appropriate action happens if changes are ineffective or the family raises additional concerns.

An application was completed for discount medicines. Plan: Will follow up and make sure appropriate action occurs. An appointment was today made with family home treatment coordinator. Plan: The appropriate action will be followed up on, to be sure treatment progresses as expected.

APPEARANCE:

Jane today appeared calm, minimally communicative, and unhappy.

BEHAVIOR IN SESSION:

Her body language and posture suggested that depression was present. She displayed a lack of interest in the session and appeared to be somewhat tearful at times.

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VERBAL CONTENT OF SESSION:

Jane discussed her depressed mood in today's session. She also discussed her issues with anxiety in today's session.

THERAPEUTIC INTERVENTIONS:

A goal of today's session was to improve Jane's coping skills. Therapeutic efforts today included an investigation, with Jane, of the patterns of certain behaviors using open-ended questions, rephrasing and reflection. Jane was encouraged today to ventilate her feelings. To enhance her self-esteem, Jane was given positive feedback and unconditional positive regard.

Instructions / Recommendations / Plan:

Jane was given educational resources on her mental health diagnoses and was encouraged to ask questions. She was also educated on the importance of compliance with treatment.

October Boyles, LCSW

Electronically Signed By: October Boyles, LCSW On: 8/18/2022 9:58:44 AM