

October Boyles, DNP, MSN, BSN, RN
Sunshine Counseling
1600 Brightness Way
Annapolis, MD 21409
443-347-0990

Peter Parker

Chart ID: 0054 DOB: 09-14-1998

Progress Note

Encounter Date: Thursday, July 27, 2023

Start Time: 04:36 PM EDT

RECENT HISTORY:

No ADHD symptoms such as inattention, impulsivity or hyperactivity are reported today. Peter has been easily distracted in the past. It is today reported that symptoms of distraction are no longer occurring. Peter has often fidgeted with his hands or feet or squirmed in his seat. It is reported that this problem of fidgeting is no longer occurring. Peter has often been restless. Restless behavior continues to occur.

BEHAVIOR: Medication has been taken regularly. Self-care skills are intact and unimpaired. His ability to do domestic tasks is impaired and assistance is needed. His relationships with family and friends are normal. He marginally functions at work. His anger is well controlled. There have been fewer instances of impulsive behaviors, but some are still occurring. Sleep problems are present. Peter has difficulty falling asleep. He reports early awakening.

VERBAL CONTENT OF SESSION: Peter today discussed his problems in school. He spoke of his difficulties associated with ADHD. He also discussed his patterns of self-defeating behavior.

THERAPEUTIC INTERVENTIONS: A goal of today's session was to improve Peter's coping skills. Peter was encouraged to ventilate his feelings. He was counseled regarding the need for compliance with all medical instructions, particularly having to do with medication.

MENTAL STATUS EXAM: Examination of Peter reveals no serious mental status abnormalities. His appearance, dress, and grooming are unremarkable and age appropriate. He exhibits neither depression nor mood elevation. His speech is normal in rate, volume and articulation and his language skills are intact. Suicidal and self-injurious ideas or intentions are denied. Assaultive or homicidal ideas or intentions are also convincingly denied. Hallucinations and delusions are not present and his behavior is generally appropriate. Associations are intact, thinking is basically logical, and thought content is appropriate. There are no signs of cognitive difficulty, based on vocabulary and fund of knowledge. Memory is intact for recent and remote events and he is oriented to time and place. There are no signs of anxiety. A normal attention span is in evidence and there are no signs of hyperactivity. Judgment and insight appear intact.

SUICIDE/VIOLENCE RISK ASSESSMENT: *Suicide Risk Assessment:* Peter denies suicidal ideas or intentions.

LEVEL OF CARE JUSTIFICATION: Peter continues to need outpatient treatment. He continues to exhibit symptoms of ADHD that at times adversely affect his school functioning and is in need of medication management.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available. **Attention-deficit hyperactivity disorder, unspecified type, F90.9 (ICD-10) (Active)**

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Electronically Signed By:
October Boyles, MSN, BSN, RN
On: 7/27/2023 9:54:48 PM