MACS Drug Treatment Center Progress Note		Enc Date:
Patient Name:	**DOB:**	**MRN:**

Reason for Visit/HPI: *(include quality, frequency, context, associated s&s, severity, duration, timing, modifying factors)*

I saw this patient for follow up of opioid use disorder. Patient ☐endorses/☐denies craving; patient ☐endorses/☐denies physical withdrawal symptoms; patient ☐reports/☐denies illicit opioid use.

Current Medications: ☐I have reviewed reconciled all medications/supplements. See medication list for details.
Past Medical, Surgical, Family, and Social History ☐Reviewed and updated, see problem list and HPI.
Allergies: ☐I have reviewed all allergies. See allergy list for details. ☐NKDA
PDMP ☐Checked. ☐Prescriptions were as expected. ☐No prescriptions found. ☐Pertinent prescriptions listed here.

Review of Systems *(One box for Level 2, 2-9 boxes for Level 3, ≥10 boxes for Level 4 or 5)*	
Gen: ☐chills ☐sluggishness ☐fatigue	**Eyes**: ☐lacrimation
ENMT: ☐rhinorrhea	**CV:**
Resp:	**GI:** ☐abdominal pain ☐diarrhea ☐constipation
GU:	**MSK:** ☐myalgias ☐arthralgias
Skin: ☐gooseflesh	**Neuro:** ☐tremor ☐yawning ☐restless legs
Psych: ☐irritability ☐anxiety	**Endo:** ☐sweating
Heme/Lymph: ☐swollen lymph nodes	**All/Imm:**

☐ Except as noted above, all systems were reviewed and were negative *(acceptable for Level 4 or 5 documentation)*

******Complete* Either *Physical Exam* Or *Mental Status Exam (except pertinent positives)******

Physical Exam *(complete 2 elements in 6 boxes or all 12 boxes for Level 4, ≥6 boxes for Level 3, 1-5 boxes for Level 2)*	
(≥3) **Vital Signs:** T- R- P- BP- spO2-	**Gen**: ☐WDWN ☐NAD ☐disheveled ☐obese ☐underweight
Eyes: ☐anicteric ☐PERRL ☐conjunctivae clear	**ENMT:** ☐nl pinnae ☐OP clear
Neck: ☐trachea midline ☐no thyromegaly	**Pulmonary:** ☐nl resp effort ☐CTAB
CV: ☐extremities well-perfused ☐RRR ☐no MRG	**Abd:** ☐non-tender ☐no mass ☐no HSM ☐nl bowel sounds
Lymph: ☐nl/☐abnl ☐cervical ☐axillary ☐groin LNs	**Skin:** ☐no rash ☐tattoos ☐old/☐fresh tracks ☐moist palms
Neuro: ☐nl/☐abnl ☐DTRs ☐CN 2-12 intact	**Psych:** ☐nl/☐abnl ☐mood ☐memory ☐orientation
MSK: ☐nl/☐abnl ☐gait/station ☐strength/tone	**Extr:** ☐WNL ☐cyanosis ☐clubbing ☐edema ☐present/☐absent

Mental Status Exam *(complete all boxes below plus first and last lines of PE for Level 5, ≥9 boxes for Level 4, ≥6 boxes for Level 3)*	
Speech: ☐soft ☐loud ☐normal ☐pressured ☐mute	**Language:** ☐WNL Problem with ☐comprehension ☐expression
Attention/Concentration: ☐intact ☐impaired	**Fund of Knowledge**: ☐appropriate ☐impaired
Memory: ☐intact ☐impaired ☐short/☐long term	**Orientation**: ☐A&Ox3 ☐somnolent ☐confused
Mood: ☐neutral ☐euthymic ☐dysphoric ☐anxious ☐irritable	**Insight:** ☐fair ☐poor ☐good / **Judgment**: ☐fair ☐poor ☐good
Affect: ☐mood-congruent ☐appropriate to situation ☐full-range ☐constricted ☐blunted ☐flat ☐exaggerated ☐labile	
Thought process: ☐goal directed ☐paucity of ideas ☐illogical ☐blocking ☐concrete ☐odd	
Associations: ☐intact ☐loose ☐circumstantial ☐tangential ☐flight of ideas	
Thought content: ☐WNL ☐hallucinations: ☐delusions SI: ☐yes ☐no HI: ☐yes ☐no Current Plan: ☐yes ☐no	

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Patient Name:	DOB:	MRN:

Laboratory and Other Data

Tox Screen Positives (date): ☐op ☐coc ☐amp ☐PCP ☐oxy ☐THC ☐BZD ☐barb ☐fentanyl ☐methadone ☐bup

Breathalyzer:	Other labs and data:	EKG: (date) QTc: ms ☐NSR

Assessment and Plan ☐Discussed risks/benefits/alternatives of current & proposed treatment.

1° dx: ☐**Opioid Use Disorder, Severe** (F11.20) ☐**Opioid Use Disorder, Moderate** (F11.20) ☐**Opioid Use Disorder, Mild** (F11.10)
☐Stable ☐Worsening ☐Improving

☐Increase ☐Decrease ☐Continue at same dose of ☐buprenorphine/naloxone ☐buprenorphine ☐methadone.

☐**Stimulant (Cocaine) Use Disorder** (F14.20) ☐**Tobacco Use Disorder** (F17.200) ☐**Alcohol Use Disorder** (F10.20)
☐**Cannabis Use Disorder** (F12.20) ☐**Sedative/Anxiolytic Use Disorder** (F13.20)

See instructions for billing

LOS: ☐99212 ☐99213 ☐99214 ☐99215

RTC: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐Days ☐Weeks ☐Months ☐PRN

Provider Signature: _____ **Date:** **Start Time:** **End Time:**

Provider Printed Name: