



# Esketamine Medication Services Progress Note

Client Name:	
Date of Service:	Length of Session:
CPT Code: <input type="checkbox"/> 99415 <input type="checkbox"/> 99416 <input type="checkbox"/> 99417	Vital Signs: BP:    HR:    Temperature:
<b>Present at Session</b>	
<input type="checkbox"/> Client Present <input type="checkbox"/> Client No showed/Cancelled <input type="checkbox"/> Others Present, List name(s) and relationship to client:	
<b>Significant Changes in Client's Condition</b>	<b>Mental Status Exam</b>
<input type="checkbox"/> No significant change from last visit	Appearance:
<input type="checkbox"/> Mood/Affect	Behavior:
<input type="checkbox"/> Sleep	Mood:
<input type="checkbox"/> Appetite	Thought Process:
<input type="checkbox"/> Energy	Thought Content:
<input type="checkbox"/> Side effects	Cognition:
<input type="checkbox"/> Other, Explain:	Affect:
<b>Diagnosis:</b>	
<b>Chief Complaint:</b>	
<b>Current Treatment:</b> (Dose, location, additional information):	
<b>Client Response to Intervention:</b>	
<b>Plan:</b>	
<input type="checkbox"/> Continue Esketamine/Spravato Treatment: <input type="checkbox"/> Monitoring: <input type="checkbox"/> Follow-Up date: <input type="checkbox"/> Supportive Therapy:	
<b>Patient Education:</b>	
<input type="checkbox"/> Discussed the importance of adhering to the treatment schedule. <input type="checkbox"/> Reviewed potential side effects and advised to report any new or worsening symptoms immediately. <input type="checkbox"/> Provided reassurance and support, emphasizing the gradual nature of symptom improvement.	
<b>Provider Information:</b>	
Provider Signature & Credentials (if signature illegible, include printed name):	Date of Signature: