

**October Boyles, LPC
123 Main Street, Suite 202
Anywhere, US 12345
Tel: 555-678-9100
Fax: 555-678-9111**

1/30/2019
9:50:04 AM

Chapman, Piper

ID: 1000010665675

DOB: 1/1/1989

SOAP Note / Counseling

SUBJECTIVE:

Piper states, "I feel better today. I think my depression is improving. The therapy is helping."

OBJECTIVE:

Compliance with medication is good. Her self-care skills are intact. Her relationships with family and friends are reduced. Her work performance is marginal. She has maintained sobriety. Ms. Chapman has normal food and fluid intake. Weight is stable and unchanged. Sleep problems are reported. Difficulty falling asleep is reported. Difficulty staying asleep is reported.

ASSESSMENT:

Ms. Chapman presents as calm, attentive, and relaxed. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Body posture and attitude convey an underlying depressed mood. Facial expression and general demeanor reveal depressed mood. Affect is appropriate, full range, and congruent with mood. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas are convincingly denied. Homicidal ideas or intentions are denied. Cognitive functioning and fund of knowledge are intact and age appropriate. Short- and long-term memory are intact, as is ability to abstract and do arithmetic calculations. This patient is fully oriented. Insight into problems appears normal. Judgment appears fair. There are no signs of anxiety. Ms. Chapman's behavior in the session was cooperative and attentive with no gross behavioral abnormalities. No signs of withdrawal or intoxication are in evidence.

PLAN:

DIAGNOSES: The following diagnoses are based on currently available information and may change as additional information becomes available.

Anxiety disorder, unspecified, F41.9 (ICD-10) (Active)
Dysthymic disorder, F34.1 (ICD-10) (Inactive)
Borderline personality disorder, F60.3 (ICD-10) (Active)
Major depressive disorder, recurrent, moderate, F33.1 (ICD-10) (Active)
Binge eating disorder, F50.81 (ICD-10) (Active)
Hoarding disorder, F42.3 (ICD-10) (Active)
Panic disorder [episodic paroxysmal anxiety], F41.0 (ICD-10) (Active)
Generalized anxiety disorder, F41.1 (ICD-10) (Active)

Link to Treatment Plan Problem: **Depressed Mood**

PROBLEM: Depressed Mood

Ms. Chapman's depressed mood has been identified as an active problem requiring treatment. It is primarily evidenced by: *Diagnosis of Depression:*

*Without History of Treatment

LONG-TERM GOAL:

Ms. Chapman will develop the ability to recognize, accept and cope with feelings of depression.

SHORT-TERM GOAL(S) & INTERVENTIONS:

Short-Term Goal / Objective:

Ms. Chapman will replace negative and self-defeating self talk with verbalization of realistic and positive cognitive messages.

Target Date: 3/1/19 Status: Effective

Intervention:

Therapist/Counselor will provide emotional support and encouragement, to help Ms. Chapman to focus on sources of pleasure and meaning. Progress will be monitored and documented.

Good progress in reaching these goals and resolving problems seemed apparent today.

Recommend continuing the current intervention and short-term goals as they exist, since progress is being made but goals have not yet been met.

Notes & Risk Factors:

History of substance abuse

History of cutting

History of medication non-compliance

Diabetes

Has been assaultive

90837 Psychotherapy 60 min.

Time spent face to face with patient and/or family and coordination of care: 60 min

October Boyles, LPC

Electronically Signed

By: October Boyles, LPC

On: 1/30/2019 9:58:44 AM