RELEASE OF HIPAA-APPROVED

**DESIGNATED RECORD SET (DRS)**

# Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**First Session: \_\_\_\_\_\_\_\_\_\_ Last Session: \_\_\_\_\_\_\_\_\_\_\_**

**Total Sessions to Date: \_\_\_\_\_\_**

**CPT Code for treatment modality: 90801 \_ 90806 \_ 90808 \_ 90847 \_**

**Frequency of Treatment: 1x week \_ 2x week \_ 1x month \_ 2x month \_ Other: \_\_\_\_\_**

**Results of Clinical Testing: No tests given \_ or**

**Tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Symptoms:**

**anxiety \_ mood problems \_ anger \_ alcohol/drugs \_ psychosis \_ suicidal ideation \_ homicidal ideation \_ academic stress \_ social stress \_ traumatic stress \_ marital stress \_ work stress \_ somatic complaints \_ adjustment problems \_ sexual problems \_ personality problems \_ cognitive problems \_ sleep problems \_ impulse-control problems \_ relational problems \_ other problems \_**

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# Functionality: normal \_ abnormal \_

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**DSMIV-TR Diagnosis:**

**Axis I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Axis II \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Axis III \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Axis IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Axis V GAF as of last session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Clinician**