

**Denton Psychiatric Associates, Medical Progress Note****Mansoor M Mian, MD**  
Psychiatrist**Next Appt: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location/Room: 11**MR # 005202-1016, DOB: 03/16/1924  
Client: Siden, Lorna  
Medicare # 495-22-8207B  
Date: 7/27/2011

Facility Location: Eden Terrace, 2500 Woodside Drive, Arlington, TX 76016, Ph: (817) 457-9710, Fax: (817) 492-4330

Consumer was consulted and agrees to the pharmacological management and/or supportive therapy treatment plan. Evidence of agreement as follows: by taking medications as prescribed 100% of the time and attending all scheduled appointments as instructed. Projected schedule for reevaluation of the treatment plan: within 07-90 days.

Physician	Start	Stop	Activity	Recipients			Number
Dr. Mian			F/U	<input type="checkbox"/> Ct	<input type="checkbox"/> Ct & collaterals	<input type="checkbox"/> Ct & family	<input type="checkbox"/> Ct, collaterals, & family

Compliant with Meds Y ☐ N ☐ Med SE's reported: \_\_\_\_\_Use of ETOH: Y ☐ N ☐ Use of Drugs: Y ☐ N ☐ Able to self administer meds: Y ☐ N ☐**Other Medications Taken:** \_\_\_\_\_**Client Report:** \_\_\_\_\_**Assessment / Progress (or Regress) / Plan (includes med adj, return appt, referrals, environmental changes):****Others in attendance at appt:** \_\_\_\_\_**Living situation:** Assisted Living**Guardian:** (Randy Siden and Ann Siden Phone # (817) 568-5940 H: 817-608-0043), Terry Siden: 719-650-8858,  
Work 719-314-6149, email: tsiden@yahoo.com**Client progress since last clinic visit:** \_\_\_\_\_

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Medication Response: ☐ Full ☐ Partial ☐ Minimal ☐ None ☐ Symptoms Worsening**MSE:** ☐ No Change ☐ Change, as noted below:

Appearance	<input type="checkbox"/> Groomed	<input type="checkbox"/> Makeup	<input type="checkbox"/> Unkempt	<input type="checkbox"/> Body Odor	<input type="checkbox"/> Unusual	<input type="checkbox"/> Bizarre
Attitude	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Hostile	<input type="checkbox"/> Over Friendly	
Motor Activity	<input type="checkbox"/> Calm	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated	<input type="checkbox"/> Hypoactive	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Rigid
Mood	<input type="checkbox"/> Normal	<input type="checkbox"/> Depressed	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Elevated	<input type="checkbox"/> Irritable
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Labile	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat	<input type="checkbox"/> Blunted
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Halting	<input type="checkbox"/> Pressured	<input type="checkbox"/> Slurred	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Paucity
Thought Process	<input type="checkbox"/> Intact	<input type="checkbox"/> Tangential	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> LOA	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Random
Thought Content	<input type="checkbox"/> Normal	<input type="checkbox"/> Halluc:Aud/Vis	<input type="checkbox"/> Tactile/Olfactory	<input type="checkbox"/> Del:Susp	<input type="checkbox"/> Persecutory	<input type="checkbox"/> Grandiose
Cognitive	<input type="checkbox"/> Alert	<input type="checkbox"/> Drowsy	Oriented: <input type="checkbox"/> Person <input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Situation	

Client Report of Suicidal Ideation: Y ☐ N ☐ Homicidal Ideation: Y ☐ N ☐ Intent: Y ☐ N ☐ Plan: Y ☐ N ☐**MSE Narrative:** \_\_\_\_\_

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