

## Nancy's Prevention Clinic Follow up Progress Record

<b>Name:</b>	<b>Medication Allergies:</b>	<b>Date:</b>
<b>DOB:</b>	<b>Age:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Primary Care Doctor:</b>		
<b>Presenting Complaint:</b> <input type="checkbox"/> Anxiety <input type="checkbox"/> Hearing Voices <input type="checkbox"/> Mood Swings <input type="checkbox"/> Depression <input type="checkbox"/> Paranoia <input type="checkbox"/> Drugs <input type="checkbox"/> Spending <input type="checkbox"/> Gambling <input type="checkbox"/> Risk Taking <input type="checkbox"/> Alcohol <input type="checkbox"/> Nicotine <input type="checkbox"/> Caffeine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Other _____		
<b>Please Self Assess Your Improvement Since Your First Visit:</b> <input type="checkbox"/> No Improvement <input type="checkbox"/> Slightly Improved <input type="checkbox"/> Moderately Improved <input type="checkbox"/> Greatly Improved <input type="checkbox"/> Feeling "Normal"		

*Symptoms Reported By The Patient: Please Comment Briefly, Complete Every Line.*

Sleep \_\_\_\_\_

Appetite \_\_\_\_\_

Depression/Sadness/Crying Spells \_\_\_\_\_

Enjoyment \_\_\_\_\_

Concentration (Can You Pay Attention?) \_\_\_\_\_

Self-Esteem/Confidence Level \_\_\_\_\_

Anxiety/Agitation/Moodiness \_\_\_\_\_

Fatigue (Tired) \_\_\_\_\_

Obsessions (Thoughts You Can't Quit Thinking) \_\_\_\_\_

Compulsive Behavior (Things You Can't Stop Thinking Or Can't Stop From Doing) \_\_\_\_\_

Over-Spending Money \_\_\_\_\_

Risk Taking \_\_\_\_\_

Suicidal Thoughts (Thoughts, Plans, Actions) \_\_\_\_\_

Paranoia (Fearful, People Staring, Someone Wishing Harm Or Poisoning You) \_\_\_\_\_

Hallucinations (Hearing Voices, Seeing Visions) \_\_\_\_\_

Can You Stay Alone? \_\_\_\_\_

Gambling? \_\_\_\_\_

Stressors \_\_\_\_\_

Other Comments \_\_\_\_\_

**Signature of Patient** \_\_\_\_\_ **Date** \_\_\_\_\_ 1/3

<input type="checkbox"/> Nancy Bryant, FNP-C	Patient's Name
<input type="checkbox"/>	Date: