

Lilac Counseling Services, LLC

Date and Time: February 1, 2024 9:00AM

Clinician: Victoria Miller, Ph.D., LPC-S, LMHC, NCC, CCMHC

Patient: Jonny Appleseed, DOB 5/25/1995

Diagnosis

F41.1 Generalized Anxiety Disorder

Client meets all criteria for F41.1 - Generalized Anxiety Disorder as described in the DSM-5-TR. Additionally, client self-reported all symptoms on the GAD-7.

Presenting Problem

Per client, "I feel anxious all the time."

Client completed the GAD-7 at the time of intake and scored a 17. He self-reported all symptoms in the outcome measure as occurring "nearly every day" in the last two weeks, making it "extremely difficult" to do his work, take care of things at home, or get along with others.

Treatment Plan Start Date - 2/1/2024

Treatment Plan Expiration/Review Date - 5/1/2024

Treatment Goals

Goal 1 - Client stated, "I want to stop being so worried about everything."

Estimated Completion: 3 Months

Objective #1

- **Goal 1 - Client stated, "I want to stop being so worried about everything."**
 - **Objective 1 - Client will practice emotional regulation techniques at least 1x daily for a period of 90 days.**

Treatment Strategy / Interventions: Service - Individual Therapy / Interventions - Clinician will explore coping patterns with client and teach/support him in the use of learning and practicing emotional regulation techniques.

Estimated Completion: 3 Months

Discharge Criteria/Planning

At the time of discharge, client will be able to use emotional regulation techniques to reduce/eliminate anxiety symptoms.

Additional Information

Strengths - Client can identify triggers to anxiety and is open to learning emotional regulation techniques.

Barriers - Work hours make scheduling difficult; client requires flexibility with appointment times.

Supports - Partner, parents, employer, and therapist provide support to client.

Safety plan - Safety plan on file and available to client.

Lilac Counseling Services, LLC

Date and Time: February 1, 2024 9:00AM

Clinician: Victoria Miller, Ph.D., LPC-S, LMHC, NCC, CCMHC

Patient: Jonny Appleseed, DOB 5/25/1995

Prescribed Frequency of Treatment

Weekly

I declare that these services are medically necessary and appropriate to the recipient's diagnosis and needs.

Victoria Miller, Ph.D., LPC-S, LMHC, NCC, CCMHC, Licensed Professional Counselor, License #AK #729 signed this note and declared this information to be accurate and complete on December 11, 2023 at 9:11AM.

