Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 29 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: May 06, 2025
Visit Type	: **NP - O		

Chief Complaints

Medication Management Evaluation/diagnosis- New Patient Encounter

Symptoms

Patient Reports:

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Patient reports the following mood symptoms: sadness, low mood, no longer enjoying activities previously enjoyed (M,P), apathy (lack of interest), decreased or lack of energy, brain fog, pessimism, irritability (M,A,P), agitation (M,P), unstable mood, hopelessness, excessive spending, disorganized thoughts, crying spells

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Patient reports the following anxiety symptoms: excessive worrying, difficulty controlling worry, feeling "on edge", easily fatigued / feeling wiped out by the end of the day, poor concentration, irritability, frequent awakening from sleep (A,P), difficult falling asleep (A,P)

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Patient reports the following PTSD symptoms: recurrent, involuntary, and intrusive distressing memories of the traumatic event(s), emotional upset when exposed to triggers that symbolize or resemble an aspect of the traumatic event(s), physical reactions to triggers that symbolize or resemble an aspect of the traumatic event(s), hyper-vigilance / overly alert to surroundings, feeling lonely, flashbacks of traumatic event(s), excessive guilt, nightmares, intrusive thoughts

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Patient reports the following ADHD symptoms: limited attention span duration, difficulty completing tasks, difficulty starting tasks, disorganization,, easily distracted, forgetfulness

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Patient reports the following ADHD symptoms prior to the age of 16: often had trouble holding attention on tasks or play activities, often did not seem to listen when spoken to directly, often did not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked), often had trouble organizing tasks and activities, often avoided, disliked, or was reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework), often lost things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones), was often easily distracted, was often forgetful in daily activities, often fidgeted with or tapped hands or feet, or squirmed in seat, was often “on the go” acting as if “driven by a motor”, often talked excessively, often blurted out an answer before a question was completed, often had trouble waiting turn, often interrupts or intrudes on others

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Patient reports the following panic symptoms: a period of intense fear or discomfort, palpitations, pounding heart, or accelerated heart rate, depersonalization (being detached from oneself), fear of losing control or “going crazy”, chills or hot flushes, persistent concern about additional attacks or their consequences

History of Present Illness

29y/o Female p/w request for MM of MDD, GAD, ADHD symptoms.
Patient is married. No children. Employed FT as human resources lead.

PPsyHx includes: Depression, Anxiety (diagnosed in 2016 by a provider in the military then confirmed by therapist)
-Inpatient hospitalization/ER: denies
-Outpatient: previously managed by VA psychiatrist
-Therapy: endorses weekly via telehealth w/ Montoyia Key, LPC; feels that this is beneficial
-Past SI/HI: endorses passive SI, denies HI

PPsy Medications are as follows: Lexapro, Wellbutrin
-Lexapro: ineffective, continued difficulty with emotional regulation
-Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image

Current medications: Effexor XR 150 mg, Buspar 10 mg, Strattera 40 mg; phentermine 46 mg (weight loss), rosuvastatin 20 mg, cholecalciferol 25 mcg, OCP, ashwaghanda
-Effexor: previously up to 225 mg which caused negative physical side effects, reduced back to 150 mg + prescribed Buspar; effective for generally managing depression and anxiety symptoms; denies negative side effects
-Buspar: augment to Effexor for depressive and anxiety; effective in general situations; denies negative side effects
-Strattera: somewhat effect with concentration/focus, distractibility, and task initiation/completion; denies negative side effects

Allergies: NKDA, NKFA, NKEA

PMH: Migraines or chronic headaches, High cholesterol
-Hospitalizations/surgeries: "Bunion surgeries on both feet - 2013&14"
-Seizures: denies
-Head injury w/LOC: denies

Family history
-Medical: Arthritis, Back problems, Diabetes 1, Emphysema, Heart attack, High cholesterol, Mental health disorder, Migraines or chronic headaches, Thyroid disorder
-Psychiatric: "M- Grandfather - Depression, suspect narcissist
P - Grandfather - alcoholism
Sister - Depression, Anxiety"

Trauma history: endorses
-"Emotionally: ex friends: highschool - J (f) was very emotionally abusive and loved to publicly humiliate me (ex; would pull down my pants in school), berate me) and accuse me of sleeping with her boyfriend if they were fighting. ended in 2015
Emotionally: ex friends: military - c (f) i witnessed her physically and mentally abuse her girlfriend, steal money from me for drugs, but i was too afraid to stand up for myself for fear of my own physical abuse, and lose a “friend” - ended in 2017
Sexually: ex friend: was seeing this one boyfriend, N (m) and he was paying more attention to J (above

mentioned) and they suggested i go hang out with Ni (m). He handcuffed me to a bed frame and engaged in his own oral sex and took my clothes off. J called me to come home before it escalated more. Went to police, was manipulated into dropping charges for risk of not being able to enlist and ruin his enlistment. 2013
Emotional: new ex friend: L (NB) very uncomfortable to be around. Has called me a “slave driver” for going to human resources school. Is confrontational about many topics, has told me that i’m privileged and entitled for not spending my time on the internet consuming depressing content to “stay in the know” (i.e. what’s happening in Israel/Palestine)"

Developmental history: denies

Legal history: denies

Substance use
-Alcohol: denies
-Denies using other substances; previously smoked marijuana but stopped in November 2024 when phentermine was initiated
-Nicotine/tobacco: denies
-Caffeine: 1-3 servings of coffee daily

Pregnancy & breastfeeding: denies

Psychosocial
-Currently lives in Clarksville, TN with her husband and 2 dogs; married for 10 years, healthy relationship
-Works as an HR lead at Belk and is also in school for HR at Western Governor's University; does not enjoy her job due to stress levels
-Previously served in the military, specifically active duty for 3 years and national guard for 4 years; officially discharged in 2020 which was a difficult transition for her
-Enjoys spending time with her friends, thrifting/antiquing, going to the movies, walking around the mall, shopping, listening to music, and playing on her computer

Current/recent stressors: her job, friend breakup
-She is currently in the process of finding a new job
-Recent Facebook post was sent to an HR superior

Self-care/coping strategies
-Taking a shower
-Napping
-Bed rotting

Available support system
-Husband
-Dogs

-Best friends (Caleb, Daisy)
-High school best friend (Ashlyn)
-Mother

Main goal: "just kind of want to figure out what is going on in my brain... the good is great, but the bad is really bad"
-Difficulty with emotional regulation and mood fluctuations, episodes of tearfulness
-Issues at work with transition to her new position + struggling with rejection sensitivity w/criticism from coworkers

Patient describes her mood as "fine... okay." Sleep is "pretty fine" at 7-8 hours per night. Experiences intermittent awakenings throughout the night, around 2-3x per night. Appetite is variable depending on stress levels. She is currently on phentermine for weight.

Reports symptoms consistent with a previous diagnosis of major depressive disorder. Endorses frequently depressed mood, around 4-5x per week. Motivation and energy levels are variable, low. Feels frequently fatigued. Reports anhedonia. It is difficult for her to enjoy her many hobbies after coming home from work. Provides an example of her t-shirt machine malfunctioning due to lack of use. Experiences mood fluctuations and irritability. Denies (hypo)manic symptoms. Endorses occasional self-harm thoughts and actions. Hits and punches herself in the head when she becomes overwhelmed. Endorses passive SI but denies current plan/intent. Identifies her husband, her mother, and her dogs as protective factors. Her Pomeranian has been a very helpful emotional support animal since she was in the military. Denies current HI/plan/intent.

Also endorses symptoms consistent with a previous diagnosis of generalized anxiety disorder. Reports excessive worry, difficulty controlling worry, restlessness, difficulty relaxing. Specific triggers include her job and finances. Experiences occasional panic attacks.

Notes symptoms that could be consistent with a diagnosis of ADHD. Reports difficulty with concentration/focus, distractibility, and task initiation/completion. Notes difficulty with time management and utilizes alarms, timers, planners, and calendars. Educated patient on importance of treating depression and anxiety prior to evaluating and treating ADHD. She is agreeable and verbalizes understanding. Plan to continue to evaluate for differential diagnoses such as ADHD and PTSD.

Patient is agreeable to increasing Effexor XR to 187.5 mg and continuing other medications as prescribed. Refills sent.

Past Medical History

High cholesterol
Pregnancy: No
Past Psychiatric History: Anxiety, Attention deficit disorder, Depression

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Patient has tried the following psychotropics: escitalopram / Lexapro, venlafaxine / Effexor, bupropion / Wellbutrin, buspirone / Buspar, atomoxetine/Strattera

Family and Social History

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Family Psychiatric History: siblings, grandfather
Patient reports family history of suicide as: none
Mother is living.
Father is living.
Patient reported trauma history: Emotionally - I had a 10 year friendship with someone who would constantly tear me down and verbally berate be anytime she was upset.

Sexually - I was sexually assaulted (non-penetrative; oral only) when I was 17. Previously mentioned friend was the one that pushed me to hang out with my assaulter, but then later denied being part of the event.

Sexually - when i was in the military, at 18, I was stalked and harassed by someone in the barracks. He tried to kiss me multiple times while I was on pain medicine after a surgery. Had to file a no-contact order.

Emotionally - Had a roommate that would physically assault her girlfriend and do drugs. I was too afraid to intervene. 2016 @ 21 years old.
Relationship with mother is described as healthy for the most part, and low contact, but connected. Has trouble still seeing me as a full adult..
Relationship with father is described as healthy & connected.
Relationship with significant other is described as healthy & connected
Relationship with child(ren) is described as N/A - no children
Patient gender identity is Female.
Patient uses She / Her pronouns.
Patient is bisexual.
Patient is married.
Patient lives with spouse.
Patient reports being employed full time, student.
Employed as human resources lead.
Last completed education level: College.
Currently studying: human resources management, Western governors university
Military affiliation: spouse, veteran, honorable discharge.
States frequency of exercise is: rarely
Patient describes eating habits as "everything in moderation, I keep a close eye on my eating."
Reports 1-3 servings per day of caffeine.
Reports tobacco use as: never.
Frequency of alcohol use: never.
Reports the following substance use: not actively using substances, have experimented with substances in the past.
Reports legal history to be: none

Substance abuse treatment history:
Hobbies include: gaming, watch TV, social media, enjoy pets, spend time with friends, family
Reports support system to be: friends, significant other / partner, pet, therapist
Patient denies involvement in a spiritual or religious group.
Patient reports they are currently in treatment for counseling.

Health Vitals

Height: 5 ft 8 ins

Weight: 230 lbs

Respiratory Rate: 18 bpm

PHQ9: 21

GAD7: 13

PHQ10: YES

Physical Examination

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Constitutional: V/S Reviewed, Appears well developed, well nourished and in no acute distress.

Musculoskeletal: Gait & station: normal, NL muscle strength & tone; no significant atrophy or abnormal movements.

Psychiatric: appears appropriately dressed, calm, and friendly. Pt is oriented to person, place, and time.
Attention/concentration: normal range.
Recent/remote history: intact.
Language: normal.
Fund of knowledge: normal.
Speech is normal in rate, volume & articulation.

Mood is euthymic, affect is congruent & appropriate to content.

Thought process: linear. Associations are intact. Thought content appears appropriate. No apparent signs of hallucinations, delusions, bizarre behaviors or other indicators of psychotic process.

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Assessment Notes

Notes:, Diagnoses: the following diagnoses are based on currently available information and may change as additional information becomes available., TN CSMD reviewed.
Testing:, PHQ9, GAD7

Diagnoses

Diagnosis	Code	Comments
Major depressive disorder, recurrent severe without psychotic features	F33.2	1

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 29 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: May 06, 2025
Visit Type	: **NP - O		

Diagnosis	Code	Comments
Generalized anxiety disorder	F41.1	2
Attention and concentration deficit	R41.840	3

Rx

Prescription	Directions	Details
atomoxetine 40 mg capsule [atomoxetine HCL]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
busPIRone 10 mg tablet [busPIRone HCL]	1 tablet(s) once a day for 30 Day(s), oral route	Dispense :30 Tablet, Refill :1,Generic Allowed, Days of Supply :30
venlafaxine ER 150 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
venlafaxine ER 37.5 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	1 capsule(s) once a day with 150 mg capsule for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30,*total dose: 187.5 mg*

Lifestyle

- Minimize caffeine consumption and avoid caffeine after 1pm.
- Discontinue electronics at least 1 hour prior to bedtime.
- Keep and maintain a consistent sleep/wake schedule.
- Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar.
- Abstain from alcohol while taking psychotropic medication.
- Ensure to take time for your self during the day for self reflection and mindfulness activities.

Treatments

Treatment Plan/Medication Modifications

-Increase Effexor XR to 187.5 mg

-Continue Buspar 10 mg and Strattera 40 mg

-RFS to VA for medication management

Recommendations

-Encourage individual psychotherapy

Follow up in 4-6 weeks or sooner if needed.

Future Considerations

-Increase Buspar vs. Strattera for further symptom management

-Evaluate for PTSD and ADHD

-- Diagnosis 1: partially controlled, worsening major depressive disorder

Intervention: increase Effexor XR, continue Buspar; encourage individual psychotherapy

Goal: to manage depressive symptoms of anhedonia, anergia, sleep changes, diminished cognition, negative emotions

-- Diagnosis 2: partially controlled, worsening generalized anxiety disorder

Intervention: increase Effexor XR, continue Buspar; encourage individual psychotherapy

Goal: to manage anxious symptoms of restlessness, feelings of being on edge, fatiguability, impaired concentration, irritability, muscle tension & sleep disturbance

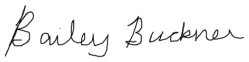
-- Diagnosis 3: partially controlled, worsening attention and concentration deficit

Intervention: continue Straterra; manage mood and anxiety; encourage coping skills

Goal: to improve attention to detail, attention span duration, task completion, task initiation threshold, organization, careless mistakes, distractibility & forgetfulness.
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Discussed the following:, treatment options; to include deferring pharmacotherapy, risks, benefits, costs, potential side effects of pharmacotherapy, multiple pharmacologic options, unique challenges facing patients who utilize medications to treat psychiatric conditions; including trial of error, unacceptable side effects such as suicidal ideation or worsening depression, ability to contact this provider if any worsening symptoms occur & when to go to the ER, importance of healthy lifestyle choices, importance of incorporating counseling, Medications:, MOA, SE(expected), SE(unacceptable), interactions, compliance, risks, Suicidality:, When to go to the ER, Lifestyle/behavioral
Counseling:, pt is actively engaged in counseling
Discussed the following regarding the use of ANTIDEPRESSANTS:, • Sedation, fatigue, drowsiness, • Upset stomach, heartburn, diarrhea or constipation, • Problems with sleep: restlessness, nightmares, awakenings, • Sexual side effects, problems with erection or climax, • Increased risk of suicidal thoughts and suicide, especially in children and adolescents, • Change in appetite and weight, • Muscle pain or weakness, • Increased risk of seizures, • Increased risk of bleeding, including bleeding from the GI tract, • Irregular heartbeat, palpitations, • May kindle manic or psychotic symptoms in rare instances, • Onset of action requiring 2-3 weeks & up to 6-8 weeks before full effect. It may take up to 12 weeks for these medications to have an effect on the symptoms of OCD., • Risks associated with sudden discontinuation were explained. Importance of slowly tapering medication with medical supervision.
Counseling duration:, 38-52 minutes.
Counseling: Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Decreased emotional lability, Adjustment to loss and transitions, Improve coping skills, Improve insight, Reduce negative behaviors, Improve treatment compliance improve communication, Intervention:, Established rapport, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation

Billing

Coding: 99204/90836 (office)
Follow up:, 1, months
Follow up appointment has been made.



Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 29 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: Jun 27, 2025
Visit Type	: 1MFUV - O		

Chief Complaints

MDD, GAD- Follow-Up Patient Encounter

Symptoms

Patient reports:

"things have been pretty okay"

History of Present Illness

--Current Medications:
Effexor XR 187.5 mg
Buspar 10 mg
Strattera 40 mg

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Phentermine 46 mg
Rosuvastatin 20 mg
Cholecalciferol 25 mcg
OCP
Ashwaghanda
Medication changes at last visit: increase Effexor to 187.5 mg
Significant life changes since last visit: recent demotion at work
Patient reports unchanged, ., variable symptoms since last visit.
PAST PSYCHOTROPIC TRIALS:
Lexapro: ineffective, difficulty with emotional regulation
Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image
Patient reports that she has been "okay" since her last appointment.

Describes her mood as "okay... fluctuating." Sleep is "okay" at 7-8 hours per night. Experiences intermittent awakenings throughout the night. Appetite is variable depending on stress levels. She is currently taking phentermine for weight loss.

Endorses frequently depressed mood, around more than half of the days out of the week. States "I think I have very stable okays but very low lows." Motivation and energy levels are variable. Feels fatigued at times. Reports anhedonia. It is difficult for her to enjoy her many hobbies after coming home from work. Experiences mood fluctuations and irritability. Reports slightly elevated anxiety at baseline due to psychosocial stressors. Rates daily anxiety at 3/10 with elevations to 6-7/10 based on circumstances. Experienced a panic attack when she was demoted from her job. This caused significant emotional dysregulation. Endorses occasional self-harm thoughts and actions. Hits and punches herself in the head when she becomes overwhelmed. Will also rip her hair out and slap herself. Endorses passive SI but denies current plan/intent. Identifies her husband, her mother, and her dogs as protective factors. Her Pomeranian has been a very helpful emotional support animal since she was in the military. Denies current HI/plan/intent.

Reflects on recent psychosocial stressors. She was demoted at work due to the social media post that was made a couple of months ago. This went into effect on 6/8 and came with a $4 pay cut. Her place of work

hired a new person for her previous position which has been conflicting and difficult for her. Is currently in the process of looking for a new job.

Attempted to increase Effexor XR to 187.5 mg at previous appointment. However, the patient did not receive her prescriptions from the VA. Notes that she is still taking 150 mg dose. Plan to trial increased dose of Effexor XR at 187.5 mg and send prescriptions to local pharmacy.

Regarding her other medications, feels that they continue to work somewhat well to manage symptoms. Denies negative side effects. Would like to continue at current doses for now.

Continues to attend therapy weekly which is beneficial to her.

She recently attended her younger cousin's wedding which was an overall positive experience.

Patient is agreeable to increasing Effexor XR to 187.5 mg and continuing other medications as prescribed. Refills sent.

Health Vitals

Height: 5 ft 8 ins
Weight: 230 lbs
PHQ9: 18
GAD7: 7
PHQ10: YES

Physical Examination

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Constitutional: V/S Reviewed. Appears well developed, well nourished and in no acute distress.

Psychiatric: appears appropriately dressed, calm, and friendly. Pt is oriented to person, place, and time.
Attention/concentration: normal range.
Recent/remote history: intact.
Language: normal.
Fund of knowledge: normal.
Speech is normal in rate, volume & articulation.

Mood is euthymic, and affect is congruent & appropriate to the content.

Thought process: linear. Associations are intact. Thought content appears appropriate. No apparent signs of hallucinations, delusions, bizarre behaviors or other indicators of a psychotic process.

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Assessment Notes

Notes:, Diagnoses: the following diagnoses are based on currently available information and may change

as additional information becomes available.

Testing:, PHQ9, GAD7

Diagnoses

Diagnosis	Code	Comments
Major depressive disorder, recurrent severe without psychotic features	F33.2	1
Generalized anxiety disorder	F41.1	2
Attention and concentration deficit	R41.840	3

Rx

Prescription	Directions	Details
atomoxetine 40 mg capsule [atomoxetine HCL]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
busPIRone 10 mg tablet [busPIRone HCL]	1 tablet(s) once a day for 30 Day(s), oral route	Dispense :30 Tablet, Refill :1,Generic Allowed, Days of Supply :30
venlafaxine ER 150 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
venlafaxine ER 37.5 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	1 capsule(s) once a day with 150 mg capsule for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30,*total dose: 187.5 mg*

Lifestyle

- Minimize caffeine consumption and avoid caffeine after 1pm.
- Discontinue electronics at least 1 hour prior to bedtime.
- Keep and maintain a consistent sleep/wake schedule.
- Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar.
- Abstain from alcohol while taking psychotropic medication.
- Ensure to take time for your self during the day for self reflection and mindfulness activities.

Dietary Recommendations:, Adequate protein, healthy fats, avoid sugary snacks & beverages

Sleep Hygiene:, no caffeine after 1PM, discontinue electronics at least 1 hour prior to bedtime

Treatments

Treatment Plan/Medication Modifications

-Increase Effexor XR to 187.5 mg

-Continue Buspar 10 mg and Strattera 40 mg

Recommendations

-Encourage individual psychotherapy

Follow up in 4-6 weeks or sooner if needed.

Future Considerations

-Increase Buspar vs. Strattera for further symptom management
-Evaluate for PTSD and ADHD

-- Diagnosis 1: partially controlled, unchanged major depressive disorder

Intervention: increase Effexor XR, continue Buspar; encourage individual psychotherapy

Goal: to manage depressive symptoms of anhedonia, anergia, sleep changes, diminished cognition, negative emotions

-- Diagnosis 2: partially controlled, unchanged generalized anxiety disorder

Intervention: increase Effexor XR, continue Buspar; encourage individual psychotherapy

Goal: to manage anxious symptoms of restlessness, feelings of being on edge, fatiguability, impaired concentration, irritability, muscle tension & sleep disturbance

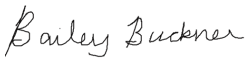
-- Diagnosis 3: partially controlled, unchanged attention and concentration deficit

Intervention: continue Straterra; manage mood and anxiety; encourage coping skills

Goal: to improve attention to detail, attention span duration, task completion, task initiation threshold, organization, careless mistakes, distractibility & forgetfulness.
-
Discussed the following:, risks, benefits, costs, potential side effects of pharmacotherapy, multiple pharmacologic options, unique challenges facing patients who utilize medications to treat psychiatric conditions; including trial of error, unacceptable side effects such as suicidal ideation or worsening depression, ability to contact this provider if any worsening symptoms occur & when to go to the ER, importance of healthy lifestyle choices, importance of incorporating counseling, Medications:, SE(unacceptable), risks, Suicidality:, When to go to the ER, Lifestyle/behavioral Counseling:, pt is actively engaged in counseling
Discussed the following regarding the use of ANTIDEPRESSANTS:, • Sedation, fatigue, drowsiness, • Upset stomach, heartburn, diarrhea or constipation, • Problems with sleep: restlessness, nightmares, awakenings, • Sexual side effects, problems with erection or climax, • Increased risk of suicidal thoughts and suicide, especially in children and adolescents, • Change in appetite and weight, • Muscle pain or weakness, • Increased risk of seizures, • Increased risk of bleeding, including bleeding from the GI tract, • Irregular heartbeat, palpitations, • May kindle manic or psychotic symptoms in rare instances, • Onset of action requiring 2-3 weeks & up to 6-8 weeks before full effect. It may take up to 12 weeks for these medications to have an effect on the symptoms of OCD., • Risks associated with sudden discontinuation were explained. Importance of slowly tapering medication with medical supervision.

Billing:

Counseling duration:, 16-37
Counseling: Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Decreased emotional lability, Adjustment to loss and transitions, Improve coping skills, Improve insight, Improve treatment compliance improve communication, Intervention:, Established rapport, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation
Coding: 99214/90833 (office)
Follow up:, 6, week(s)
Follow up appointment has been made.



Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 30 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: Aug 08, 2025
Visit Type	: 1MFUV - O		

Chief Complaints

MDD, GAD- Follow-Up Patient Encounter

Symptoms

Patient reports:

"it's been pretty okay"

History of Present Illness

--Current Medications:
Effexor XR 187.5 mg
Buspar 10 mg
Strattera 40 mg

_____

Phentermine 46 mg
Rosuvastatin 20 mg
Cholecalciferol 25 mcg
OCP
Ashwaghanda
Medication changes at last visit: increase Effexor to 187.5 mg
Negative SE of medications: potential heat intolerance
Significant life changes since last visit: recent demotion at work
Patient reports improving, ., mild symptoms since last visit.
PAST PSYCHOTROPIC TRIALS:
Lexapro: ineffective, difficulty with emotional regulation
Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image

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Patient reports that she has been "okay" since her last appointment.

Describes her mood as "busy enough at work to stay chipper but exhausted and snappy at home." Sleep is improving at 7-8 hours per night. Experiences occasional intermittent awakenings throughout the night. These have reduced in frequency, and she is able to fall back asleep easily.
Appetite is variable depending on stress levels. She is currently taking phentermine for weight loss.

Endorses frequently depressed mood, specifically related to her current circumstances in life. Motivation and energy levels are variable, low. Feels frequently fatigued. Reports anhedonia. It is difficult for her to enjoy her many hobbies after coming home from work.Experiences occasional irritability and mood fluctuations. These episodes as well as episodes of tearfulness have decreased in frequency and intensity. Reports slightly elevated anxiety at baseline due to psychosocial stressors and financial concerns. Overthinking and rumination has significantly reduced. Rates daily anxiety at 5/10 with increases based on stressors. Experiences occasional panic attacks and specifically had one last night after finding a lump on her dog. Denies recent self-harm thoughts and actions. However, has previously hit and punched herself in the head when overwhelmed. Will also rip her hair out and slap herself. Endorses occasional passive SI but denies current plan/intent. Identifies her husband, her mother, and her dogs as protective factors. Her Pomeranian

has been a very helpful emotional support animal since she was in the military. Denies current HI/plan/intent.

Reflects on recent psychosocial stressors and life events. She has been actively attempting to find a new job since her recent demotion at her current job. Does not enjoy her new position at work. Notes that this has negatively impacted her ability to complete school work. This is very draining and difficult for her. She also recently turned 30 years old which caused a slight existential crisis and has motivated her to transition careers. Her AC unit went out which has caused financial concern and anxiety.

Increased Effexor XR to 187.5 mg at previous appointment. This has gone well. Denies negative side effects outside of potential heat intolerance. However, she is not able to connect this directly to the medication. Encouraged patient to monitor this and to ensure that she stays hydrated in the summer heat. Improvements include reduced episodes of tearfulness/irritability/mood fluctuations, decreased anxiety, and improved mood. Plan to continue at current dose for now and re-evaluate in 4-6 weeks.

Regarding her current medications, feels that they continue to work somewhat well to manage symptoms. Denies negative side effects. Would like to continue at current doses for now.

Continues to attend therapy weekly which is beneficial to her.

She loves Halloween and is looking forward to "spooky season."

Patient is agreeable to continuing current medications as prescribed. Refills sent. Does not need a refill of Strattera due to this refill being provided by her provider at the VA.

Health Vitals

Height: 5 ft 8 ins
Weight: 230 lbs
PHQ9: 18
GAD7: 11
PHQ10: NO

Physical Examination

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Constitutional: V/S Reviewed. Appears well developed, well nourished and in no acute distress.

Psychiatric: appears appropriately dressed, calm, and friendly. Pt is oriented to person, place, and time.
Attention/concentration: normal range.
Recent/remote history: intact.
Language: normal.
Fund of knowledge: normal.
Speech is normal in rate, volume & articulation.

Mood is euthymic, and affect is congruent & appropriate to the content.

Thought process: linear. Associations are intact. Thought content appears appropriate. No apparent signs of hallucinations, delusions, bizarre behaviors or other indicators of a psychotic process.

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Assessment Notes

Notes:, Diagnoses: the following diagnoses are based on currently available information and may change as additional information becomes available.
Testing:, PHQ9, GAD7

Diagnoses

Diagnosis	Code	Comments
Major depressive disorder, recurrent severe without psychotic features	F33.2	1
Generalized anxiety disorder	F41.1	2
Attention and concentration deficit	R41.840	3

Rx

Prescription	Directions	Details
atomoxetine 40 mg capsule [atomoxetine HCL]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
busPIRone 10 mg tablet [busPIRone HCL]	1 tablet(s) once a day for 30 Day(s), oral route	Dispense :30 Tablet, Refill :1,Generic Allowed, Days of Supply :30
venlafaxine ER 150 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
venlafaxine ER 37.5 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	1 capsule(s) once a day with 150 mg capsule for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30,*total dose: 187.5 mg*

Lifestyle

- Minimize caffeine consumption and avoid caffeine after 1pm.
- Discontinue electronics at least 1 hour prior to bedtime.
- Keep and maintain a consistent sleep/wake schedule.
- Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar.
- Abstain from alcohol while taking psychotropic medication.
- Ensure to take time for your self during the day for self reflection and mindfulness activities.

Dietary Recommendations:, Adequate protein, healthy fats, avoid sugary snacks & beverages
Sleep Hygiene:, no caffeine after 1PM, discontinue electronics at least 1 hour prior to bedtime

Treatments

Treatment Plan/Medication Modifications
-Continue Effexor XR to 187.5 mg, Buspar 10 mg, and Strattera 40 mg

Recommendations
-Encourage individual psychotherapy

Follow up in 2 months or sooner if needed.

Future Considerations
-Increase Buspar vs. Strattera for further symptom management
-Evaluate for PTSD and ADHD

-- Diagnosis 1: partially controlled, slightly improving major depressive disorder

Intervention: continue Effexor XR and Buspar; encourage individual psychotherapy

Goal: to manage depressive symptoms of anhedonia, anergia, sleep changes, diminished cognition, negative emotions

-- Diagnosis 2: partially controlled, variable but slightly improving generalized anxiety disorder

Intervention: continue Effexor XR and Buspar; encourage individual psychotherapy

Goal: to manage anxious symptoms of restlessness, feelings of being on edge, fatiguability, impaired concentration, irritability, muscle tension & sleep disturbance

-- Diagnosis 3: partially controlled, unchanged attention and concentration deficit

Intervention: continue Straterra; manage mood and anxiety; encourage coping skills

Goal: to improve attention to detail, attention span duration, task completion, task initiation threshold, organization, careless mistakes, distractibility & forgetfulness.
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Discussed the following:, risks, benefits, costs, potential side effects of pharmacotherapy, multiple pharmacologic options, unique challenges facing patients who utilize medications to treat psychiatric conditions; including trial of error, unacceptable side effects such as suicidal ideation or worsening depression, ability to contact this provider if any worsening symptoms occur & when to go to the ER, importance of healthy lifestyle choices, importance of incorporating counseling, Medications:, SE(unacceptable), risks, Suicidality:, When to go to the ER, Lifestyle/behavioral Counseling:, pt is actively engaged in counseling
Discussed the following regarding the use of ANTIDEPRESSANTS:, • Sedation, fatigue, drowsiness, • Upset stomach, heartburn, diarrhea or constipation, • Problems with sleep: restlessness, nightmares, awakenings, • Sexual side effects, problems with erection or climax, • Increased risk of suicidal thoughts and suicide, especially in children and adolescents, • Change in appetite and weight, • Muscle pain or weakness, • Increased risk of seizures, • Increased risk of bleeding, including bleeding from the GI tract, • Irregular

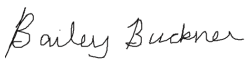
heartbeat, palpitations, • May kindle manic or psychotic symptoms in rare instances, • Onset of action requiring 2-3 weeks & up to 6-8 weeks before full effect. It may take up to 12 weeks for these medications to have an effect on the symptoms of OCD., • Risks associated with sudden discontinuation were explained. Importance of slowly tapering medication with medical supervision.

Billing:

Counseling duration:, 16-37
Counseling: Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Decreased emotional lability, Adjustment to loss and transitions, Improve coping skills, Improve insight, Improve treatment compliance improve communication, Intervention:, Established rapport, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation
Coding: 99214/90833 (office)
Follow up:, 6, week(s)
Follow up appointment has been made.

Addendum

Addendum	Added by	Time
The ePrescription for medication atomoxetine 40 mg capsule was cancelled successfully. The medication has been made inactive in the patient's history Note from pharmacy: null	Bailey Buckner	Aug 08, 2025 09:30 AM
Unlocked Chart Note. Reason : error	Bailey Buckner	Aug 08, 2025 09:34 AM



Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 30 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: Oct 03, 2025
Visit Type	: 2MFUV - T		

Chief Complaints

MDD, GAD- Follow-Up Patient Encounter

Symptoms

Patient reports:

"I've been okay... still looking for a new job"

History of Present Illness

--Current Medications:
Effexor XR 225 mg
Buspar 10 mg
Strattera 40 mg

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Phentermine 46 mg
Rosuvastatin 20 mg
Cholecalciferol 25 mcg
OCP
Ashwaghanda
Medication changes at last visit: increase Effexor to 225 mg per VA psychiatric provider
Negative SE of medications: potential heat intolerance
Significant life changes since last visit: recent demotion at work
Patient reports improving, unchanged, ., variable symptoms since last visit.
PAST PSYCHOTROPIC TRIALS:
Lexapro: ineffective, difficulty with emotional regulation
Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image

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Patient reports that she has been "okay" since her last appointment.

Describes her mood as "sad... cranky and tired sometimes." Sleep is "like a rock" at 6-8 hours per night. Experiences occasional intermittent awakenings throughout the night, around 1-3x per night. Appetite is variable depending on stress levels. She is currently taking phentermine for weight loss.

Endorses occasional depressed mood, mainly due to work-related stress. Notes that she puts her depression into "boxes" of "home depression" and "professional depression." Denies recent home depression but endorses frequent professional depression. States "I just feel that I'm not what I'm supposed to be." Motivation and energy levels are variable, low. Feels frequently fatigued. It is difficult for her to complete ADLs, household tasks, and work/school-related responsibilities. However, it is easier for her to complete ADLs and household tasks especially if her husband does these tasks with her. Experiences occasional episodes of tearfulness, irritability, and mood fluctuations. Reports slightly elevated anxiety at baseline but feels that this is much more manageable with current medications and coping skills. Specific triggers include her job and finances. Rates daily anxiety at 4/10. Denies recent panic attacks. Endorses occasional passive SI due to feelings of inadequacy and "feeling behind" but denies current plan/intent. Identifies her husband, her mother, and her dogs as protective factors. Her Pomeranian has been a very

helpful emotional support animal since she was in the military. Denies current HI/plan/intent.

Reflects on recent psychosocial stressors and life events. She has been actively attempting to find a new job since her recent demotion at her current job working retail at Belk. Does not enjoy her new position at work. Notes that this has negatively impacted her ability to complete school work. This is very draining and difficult for her. Is still in school studying human resources at Western Governor's University. On a positive note, she is joining a girl scout troop as their leader, which is exciting. Feels that this will be a good volunteer opportunity.

Increased Effexor XR to 225 mg per recommendation of her VA psychiatric provider . This has gone well. Denies negative side effects outside of initial headache for first 2-3 days. Headaches have since resolved and only present if she forgets to take Effexor XR. Notices slight improvement in anxiety and mood-related symptoms with this dose increase. Plan to continue at current dose for now.

Regarding her current medications, feels that they continue to work somewhat well to manage symptoms. Denies negative side effects. Would like to continue current regimen for now and re-evaluate in 4-6 weeks.

Is attempting to work with HeadSpace to find a new therapist due to her previous therapist leaving the platform.

Recently had an appointment with her psychiatric provider at the VA, although she is unsure when exactly this occurred, potentially in late August. Notes that she informed her VA provider about initiating care with this provider per recommendation of VA provider. However, her VA provider was confused about this and increased Effexor XR dose to 225 mg. Wonders if this indicates potential jealousy from the VA provider but does not elaborate further. Discussed safety concerns with 2 psychiatric providers adjusting her medications and encouraged patient to identify 1 provider to manage her medications. Patient plans to transition care to Novus BH in the near future.

Patient is agreeable to continuing current medications as prescribed. Refills sent. Does not need refills of Effexor XR or Strattera at this time.

Health Vitals

Height: 5 ft 8 ins

Weight: 230 lbs

PHQ9: 14

GAD7: 15

PHQ10: NO

Physical Examination

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Constitutional: V/S Reviewed. Appears well developed, well nourished and in no acute distress.

Psychiatric: appears appropriately dressed, calm, and friendly. Pt is oriented to person, place, and time.
Attention/concentration: normal range.
Recent/remote history: intact.
Language: normal.
Fund of knowledge: normal.
Speech is normal in rate, volume & articulation.

Mood is somewhat euthymic, and affect is congruent & appropriate to the content.

Thought process: linear. Associations are intact. Thought content appears appropriate. No apparent signs of hallucinations, delusions, bizarre behaviors or other indicators of a psychotic process.

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Assessment Notes

Notes:, Diagnoses: the following diagnoses are based on currently available information and may change as additional information becomes available.
Testing:, PHQ9, GAD7

Diagnoses

Diagnosis	Code	Comments
Major depressive disorder, recurrent, moderate	F33.1	1
Generalized anxiety disorder	F41.1	2
Attention and concentration deficit	R41.840	3

Lifestyle

- Minimize caffeine consumption and avoid caffeine after 1pm.
- Discontinue electronics at least 1 hour prior to bedtime.
- Keep and maintain a consistent sleep/wake schedule.
- Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar.
- Abstain from alcohol while taking psychotropic medication.
- Ensure to take time for your self during the day for self reflection and mindfulness activities.

Dietary Recommendations:, Adequate protein, healthy fats, avoid sugary snacks & beverages
Sleep Hygiene:, no caffeine after 1PM, discontinue electronics at least 1 hour prior to bedtime

Treatments

Treatment Plan/Medication Modifications
-Continue Effexor XR to 225 mg, Buspar 10 mg, and Strattera 40 mg

Recommendations
-Encourage individual psychotherapy

Follow up in 2 months or sooner if needed.

Future Considerations
-Increase Buspar vs. Strattera for further symptom management
-Evaluate for PTSD and ADHD

-- Diagnosis 1: partially controlled, variable but slightly improving major depressive disorder

Intervention: continue Effexor XR and Buspar; encourage individual psychotherapy

Goal: to manage depressive symptoms of anhedonia, anergia, sleep changes, diminished cognition, negative emotions

-- Diagnosis 2: partially controlled, variable but slightly improving generalized anxiety disorder

Intervention: continue Effexor XR and Buspar; encourage individual psychotherapy

Goal: to manage anxious symptoms of restlessness, feelings of being on edge, fatiguability, impaired concentration, irritability, muscle tension & sleep disturbance

-- Diagnosis 3: partially controlled, unchanged attention and concentration deficit

Intervention: continue Straterra; manage mood and anxiety; encourage coping skills

Goal: to improve attention to detail, attention span duration, task completion, task initiation threshold, organization, careless mistakes, distractibility & forgetfulness.
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Discussed the following:, risks, benefits, costs, potential side effects of pharmacotherapy, multiple pharmacologic options, unique challenges facing patients who utilize medications to treat psychiatric conditions; including trial of error, unacceptable side effects such as suicidal ideation or worsening depression, ability to contact this provider if any worsening symptoms occur & when to go to the ER, importance of healthy lifestyle choices, importance of incorporating counseling, Medications:, SE(unacceptable), risks, Suicidality:, When to go to the ER, Lifestyle/behavioral Counseling:, pt is actively engaged in counseling
Discussed the following regarding the use of ANTIDEPRESSANTS:, • Sedation, fatigue, drowsiness, • Upset stomach, heartburn, diarrhea or constipation, • Problems with sleep: restlessness, nightmares, awakenings, • Sexual side effects, problems with erection or climax, • Increased risk of suicidal thoughts and suicide, especially in children and adolescents, • Change in appetite and weight, • Muscle pain or weakness, • Increased risk of seizures, • Increased risk of bleeding, including bleeding from the GI tract, • Irregular heartbeat, palpitations, • May kindle manic or psychotic symptoms in rare instances, • Onset of action requiring 2-3 weeks & up to 6-8 weeks before full effect. It may take up to 12 weeks for these medications to have an effect on the symptoms of OCD., • Risks associated with sudden discontinuation were explained. Importance of slowly tapering medication with medical supervision.

Billing:

Counseling duration:, 16-37
Counseling: Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Decreased emotional lability, Adjustment to loss and transitions, Improve coping skills, Improve insight, Improve treatment compliance improve communication, Intervention:, Established rapport, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation
Coding: 99214/90833 (televisit)
Follow up:, 1, month(s)
This visit was accomplished using a HIPAA compliant telemedicine platform with provider in office & patient in their home or office setting.

Follow up appointment has been made.

Bailey Buckner

Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 30 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: Dec 12, 2025
Visit Type	: 1MFUV - O		

Chief Complaints

MDD, GAD- Follow-Up Patient Encounter

Symptoms

Patient reports:

"it's been eh"

History of Present Illness

--Current Medications:
Effexor XR 225 mg
Buspar 10 mg
Strattera 40 mg

_____

Phentermine 46 mg
Rosuvastatin 20 mg
Cholecalciferol 25 mcg
OCP
Ashwaghanda
Medication changes at last visit: none
Negative SE of medications: potential heat intolerance
Significant life changes since last visit: recent demotion at work
Patient reports worsening, slight seasonal worsening symptoms since last visit.
PAST PSYCHOTROPIC TRIALS:
Lexapro: ineffective, difficulty with emotional regulation
Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image

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Patient reports that she has been "okay" since her last appointment.

Describes her mood as "eh... it is what it is." Sleep is "awful" at 8 hours per night. Reports difficulty falling asleep and experiences occasional intermittent awakenings around 1-2x per night. Does not feel well-rested. Previously took 8 tablets of Unisom or half a bottle of NyQuil to sleep while in the military. Would like for a referral to be sent to Middle TN Centers for Sleep for a sleep study. Her husband says she snores. Appetite is variable depending on stress levels. She is currently taking phentermine for weight loss.

Endorses occasional depressed mood, mainly when she is not distracted such as on her days off or if she gets home early from work. This is most common at nighttime. Motivation level is variable based on the task while energy level is low. Feels frequently fatigued. It is difficult for her to complete ADLs (ex: brushing her teeth, showering) and household tasks (ex: cleaning). However, she is able to complete work-related responsibilities due to a fear of getting in trouble. Reports occasional anhedonia but experiences joy when spending time with her husband and dogs. Experiences occasional episodes of tearfulness, irritability, and mood fluctuations at least 1-2x every couple of weeks. Reports slightly elevated anxiety at baseline but feels that this is much more manageable with current medications and coping skills. Specific triggers include her job and finances. Rates daily anxiety at 6/10. Experienced 1 panic attack due to an argument with her

husband. This triggered her anxious attachment style. Endorses occasional passive SI but denies current plan/intent. Identifies her husband, her mother, and her dogs as protective factors. Her Pomeranian has been a very helpful emotional support animal since she was in the military. Denies current HI/plan/intent.

Notes slightly worsening depressive and anxiety symptoms due to the holiday season. Christmas is more difficult for her due to family dynamics, specifically being "no contact" with her sister and her parents being divorced since childhood. However, she feels that she is managing this well with relying on her husband and friends.

Reflects on recent psychosocial stressors and life events. She has been actively attempting to find a new job since her recent demotion at her current job working retail at Belk. Is also looking into HR internships. However, she has not had success with this yet which is difficult for her. Does not enjoy her new position at work. Notes that this has negatively impacted her ability to complete school work. This is very draining and difficult for her. Is still in school studying human resources at Western Governor's University. She has 2 courses left to finish her master's degree.

Regarding her current medications, feels that they continue to work somewhat well to manage symptoms. Denies negative side effects. Discussed multiple pharmacologic options. Plan to trial an increased dose of Buspar for further symptom management and continue other medications at current doses for now.

She is planning to discontinue care with her psychiatric provider at the VA. Discussed safety concerns with 2 psychiatric providers adjusting her medications and encouraged patient to identify 1 provider to manage her medications. Patient plans to transition care to Novus BH in the near future.

Patient is agreeable to increasing Buspar to 7.5 mg and continuing other medication s as prescribed. Refills sent.

Health Vitals

Height: 5 ft 8 ins
Weight: 230 lbs
PHQ9: 15
GAD7: 9
PHQ10: NO

Physical Examination

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Constitutional: V/S Reviewed. Appears well developed, well nourished and in no acute distress.

Psychiatric: appears appropriately dressed, calm, and friendly. Pt is oriented to person, place, and time.
Attention/concentration: normal range.
Recent/remote history: intact.
Language: normal.

Fund of knowledge: normal.
Speech is normal in rate, volume & articulation.

Mood is somewhat euthymic, and affect is congruent & appropriate to the content.

Thought process: linear. Associations are intact. Thought content appears appropriate. No apparent signs of hallucinations, delusions, bizarre behaviors or other indicators of a psychotic process.

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Assessment Notes

Notes:, Diagnoses: the following diagnoses are based on currently available information and may change as additional information becomes available.
Testing:, PHQ9, GAD7

Diagnoses

Diagnosis	Code	Comments
Major depressive disorder, recurrent, moderate	F33.1	1
Generalized anxiety disorder	F41.1	2
Insomnia due to other mental disorder	F51.05	4
Attention and concentration deficit	R41.840	3

Rx

Prescription	Directions	Details
atomoxetine 40 mg capsule [atomoxetine HCL]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
venlafaxine ER 75 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	3 capsules (225 mg) once a day for 30 Day(s), oral route	Dispense :90 Capsule, Refill :1,Generic Allowed, Days of Supply :30
busPIRone 7.5 mg tablet [busPIRone HCL]	1 tablet(s) 2 times a day for 30 Day(s), oral route	Dispense :60 Tablet, Refill :1,Generic Allowed, Days of Supply :30

Lifestyle

- Minimize caffeine consumption and avoid caffeine after 1pm.
- Discontinue electronics at least 1 hour prior to bedtime.
- Keep and maintain a consistent sleep/wake schedule.
- Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar.
- Abstain from alcohol while taking psychotropic medication.
- Ensure to take time for your self during the day for self reflection and mindfulness activities.

Dietary Recommendations:, Adequate protein, healthy fats, avoid sugary snacks & beverages
Sleep Hygiene:, no caffeine after 1PM, discontinue electronics at least 1 hour prior to bedtime

Treatments

Treatment Plan/Medication Modifications

-Increase Buspar to 7.5 mg BID
-Continue Effexor XR to 225 mg and Strattera 40 mg
-Referral to Middel TN Centers for Sleep

Recommendations
-Encourage individual psychotherapy

Follow up in 4-6 weeks or sooner if needed.

Future Considerations
-Increase Buspar vs. Strattera for further symptom management
-Evaluate for PTSD and ADHD

-- Diagnosis 1: partially controlled, slightly seasonal worsening major depressive disorder

Intervention: increase Buspar, continue Effexor XR; encourage individual psychotherapy

Goal: to manage depressive symptoms of anhedonia, anergia, sleep changes, diminished cognition, negative emotions

-- Diagnosis 2: partially controlled, slight seasonal worsening generalized anxiety disorder

Intervention: increase Buspar, continue Effexor XR; encourage individual psychotherapy

Goal: to manage anxious symptoms of restlessness, feelings of being on edge, fatiguability, impaired concentration, irritability, muscle tension & sleep disturbance

-- Diagnosis 3: partially controlled, unchanged attention and concentration deficit

Intervention: continue Straterra; manage mood and anxiety; encourage coping skills

Goal: to improve attention to detail, attention span duration, task completion, task initiation threshold, organization, careless mistakes, distractibility & forgetfulness.

-- Diagnosis 4: partially controlled, variable insomnia

Intervention: referral for sleep study; encourage sleep hygiene

Goal: to improve delayed sleep onset, frequent awakenings, difficulty returning to sleep, early morning awakening causing emotional distress & impaired functioning in important areas of patient's life
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Discussed the following:, risks, benefits, costs, potential side effects of pharmacotherapy, multiple pharmacologic options, unique challenges facing patients who utilize medications to treat psychiatric

conditions; including trial of error, unacceptable side effects such as suicidal ideation or worsening depression, ability to contact this provider if any worsening symptoms occur & when to go to the ER, importance of healthy lifestyle choices, importance of incorporating counseling, Medications:, SE(unacceptable), risks, Suicidality:, When to go to the ER, Lifestyle/behavioral
Counseling:, pt is actively engaged in counseling
Discussed the following regarding the use of ANTIDEPRESSANTS:, • Sedation, fatigue, drowsiness, • Upset stomach, heartburn, diarrhea or constipation, • Problems with sleep: restlessness, nightmares, awakenings, • Sexual side effects, problems with erection or climax, • Increased risk of suicidal thoughts and suicide, especially in children and adolescents, • Change in appetite and weight, • Muscle pain or weakness, • Increased risk of seizures, • Increased risk of bleeding, including bleeding from the GI tract, • Irregular heartbeat, palpitations, • May kindle manic or psychotic symptoms in rare instances, • Onset of action requiring 2-3 weeks & up to 6-8 weeks before full effect. It may take up to 12 weeks for these medications to have an effect on the symptoms of OCD., • Risks associated with sudden discontinuation were explained. Importance of slowly tapering medication with medical supervision.

Billing:

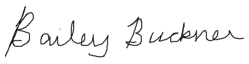
Counseling duration:, 16-37
Counseling: Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Decreased emotional lability, Adjustment to loss and transitions, Improve coping skills, Improve insight, Improve treatment compliance improve communication, Intervention:, Established rapport, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation
Coding: 99214/90833 (office)
Follow up:, 1, month(s)
Follow up appointment has been made.

Referrals

Referral To	Reason
Dr. Sleep Centers of Middle TN Clarksville Phone 9316146324	Referral for sleep study

Addendum

Addendum	Added by	Time
Diagnoses reordered - from Claim	Verification Eligibility	Dec 15, 2025 11:17 PM



Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 30 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: Jan 14, 2026
Visit Type	: 1MFUV - O		

Chief Complaints

MDD, GAD- Follow-Up Patient Encounter

Symptoms

Patient reports:

"so far so good... I'm still getting in the routine of taking it (Buspar) twice a day"

History of Present Illness

--Current Medications:
Effexor XR 225 mg
Buspar 7.5 mg BID
Strattera 40 mg (pt is taking 60 mg)

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Phentermine 46 mg
Rosuvastatin 20 mg
Cholecalciferol 25 mcg
OCP
Ashwaghanda
Medication changes at last visit: increase Buspar to 7.5 mg BID
Negative SE of medications: denies
Significant life changes since last visit: recent demotion at work
Patient reports improving, ., mild symptoms since last visit.
PAST PSYCHOTROPIC TRIALS:
Lexapro: ineffective, difficulty with emotional regulation
Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image

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Patient reports that she has been "okay" since her last appointment.

Describes her mood as "tired." Sleep is "still not too great" at 7-8 hours per night. Experiences occasional intermittent awakenings around 1-2x per night due to vivid dreams. Her sleep schedule is re-regulating due to working 5 overnight shifts. Does not feel well-rested. Her husband says that she snores. Previously took 8 tablets of Unisom or half a bottle of NyQuil to sleep while in the military. Is planning to complete an at-home sleep study per a referral from her primary care provider. Appetite is variable depending on stress levels. She is currently taking phentermine for weight loss.

Endorses occasional depressed mood, around 1-2x every couple of weeks. This is somewhat exacerbated when thinking about her dog turning 11 years old in 2026. Motivation and energy levels are variable but improving. Feels frequently fatigued due to temporarily working overnights. It is sometimes difficult for her to complete ADLs (ex: brushing her teeth, showering), household tasks (ex: cleaning), and school work. This depends on the demands of her work day. However, she is able to complete work-related responsibilities due to a fear of getting in trouble. Reports occasional anhedonia but experiences joy when spending time with her husband and dogs. Experiences more frequent episodes of tearfulness, irritability, and mood fluctuations around once every couple of days. Reports slightly elevated anxiety at baseline due to multiple

psychosocial stressors. Specific triggers include her job, finances, and politics. Rates daily anxiety at 3/10 with increases to 6-7/10 based on situational stressors. Experienced 1 panic attack since her last appointment. Endorses occasional passive SI but denies current plan/intent. Identifies her husband, her mother, and her dogs as protective factors. Her Pomeranian has been a very helpful emotional support animal since she was in the military. Denies current HI/plan/intent.

Reflects on recent psychosocial stressors and life events. Work continues to be a significant source of stress for her. She recently completed inventory at work which included several overnight shifts. This has caused worsening mood and anxiety symptoms for her. Has also been actively attempting to find a new job since her recent demotion at her current job working retail at Belk. Is scheduled for an interview for a new job at Journeys Kids for a higher level position.

Increased Buspar to 7.5 mg BID at previous appointment. This has gone well. Denies negative side effects. Notices a slight improvement in anxiety levels, specifically while at work. Discussed multiple pharmacologic options, specifically trialing an increased dose of Buspar for further symptom management. However, patient elects to continue at current dose for now.

Notes that she has struggled with medication compliance, specifically taking Buspar twice daily compared to previous once daily dosing. Utilizes an alarm app on her phone which requires her to complete complex math problems if she attempts to snooze it. Has not yet missed a dose of Buspar this week.

Regarding her other medications, feels that Effexor XR and Strattera continue to work somewhat well to manage symptoms. Denies negative side effects. Would like to continue current regimen for now.

Is scheduled for an initial therapy appointment at Clarksville House of Healing with Molly. Feels that this will be very beneficial for her.

She is planning to discontinue care with her psychiatric provider at the VA. Discussed safety concerns with 2 psychiatric providers adjusting her medications and encouraged patient to identify 1 provider to manage her medications. Patient plans to transition care completely to Novus BH in the near future.

Patient is agreeable to continuing current medications as prescribed. Refills sent.

Health Vitals

Height: 5 ft 8 ins
Weight: 230 lbs
PHQ9: 21
GAD7: 11

Physical Examination

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Constitutional: V/S Reviewed. Appears well developed, well nourished and in no acute distress.

Psychiatric: appears appropriately dressed, calm, and friendly. Pt is oriented to person, place, and time.
Attention/concentration: normal range.
Recent/remote history: intact.
Language: normal.
Fund of knowledge: normal.
Speech is normal in rate, volume & articulation.

Mood is mostly euthymic, and affect is congruent & appropriate to the content.

Thought process: linear. Associations are intact. Thought content appears appropriate. No apparent signs of hallucinations, delusions, bizarre behaviors or other indicators of a psychotic process.

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Assessment Notes

Notes:, Diagnoses: the following diagnoses are based on currently available information and may change as additional information becomes available.
Testing:, PHQ9, GAD7

Diagnoses

Diagnosis	Code	Comments
Major depressive disorder, recurrent, moderate	F33.1	1
Generalized anxiety disorder	F41.1	2
Attention and concentration deficit	R41.840	3
Insomnia due to other mental disorder	F51.05	4

Rx

Prescription	Directions	Details
venlafaxine ER 75 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	3 capsules (225 mg) once a day for 30 Day(s), oral route	Dispense :90 Capsule, Refill :1,Generic Allowed, Days of Supply :30
busPIRone 7.5 mg tablet [busPIRone HCL]	1 tablet(s) 2 times a day for 30 Day(s), oral route	Dispense :60 Tablet, Refill :1,Generic Allowed, Days of Supply :30
atomoxetine 60 mg capsule [atomoxetine HCL]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30

Lifestyle

- Minimize caffeine consumption and avoid caffeine after 1pm.
- Discontinue electronics at least 1 hour prior to bedtime.
- Keep and maintain a consistent sleep/wake schedule.
- Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar.
- Abstain from alcohol while taking psychotropic medication.

- Ensure to take time for your self during the day for self reflection and mindfulness activities.
Dietary Recommendations:, Adequate protein, healthy fats, avoid sugary snacks & beverages
Sleep Hygiene:, no caffeine after 1PM, discontinue electronics at least 1 hour prior to bedtime

Treatments

Treatment Plan/Medication Modifications
-Continue Effexor XR to 225 mg, Buspar 7.5 mg BID, and Strattera 60 mg

Recommendations
-Encourage individual psychotherapy

Follow up in 2 months or sooner if needed.

Future Considerations
-Increase Buspar vs. Strattera for further symptom management
-Evaluate for PTSD and ADHD

-- Diagnosis 1: partially controlled, variable but slightly improving major depressive disorder

Intervention: continue Effexor XR and Buspar; encourage individual psychotherapy

Goal: to manage depressive symptoms of anhedonia, anergia, sleep changes, diminished cognition, negative emotions

-- Diagnosis 2: partially controlled, variable but slightly improving generalized anxiety disorder

Intervention: continue Effexor XR and Buspar; encourage individual psychotherapy

Goal: to manage anxious symptoms of restlessness, feelings of being on edge, fatiguability, impaired concentration, irritability, muscle tension & sleep disturbance

-- Diagnosis 3: partially controlled, unchanged attention and concentration deficit

Intervention: continue Straterra; manage mood and anxiety; encourage coping skills

Goal: to improve attention to detail, attention span duration, task completion, task initiation threshold, organization, careless mistakes, distractibility & forgetfulness.

-- Diagnosis 4: partially controlled, variable insomnia

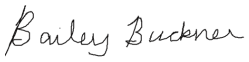
Intervention: referral for sleep study; encourage sleep hygiene

Goal: to improve delayed sleep onset, frequent awakenings, difficulty returning to sleep, early morning

awakening causing emotional distress & impaired functioning in important areas of patient's life
-
Discussed the following:, risks, benefits, costs, potential side effects of pharmacotherapy, multiple pharmacologic options, unique challenges facing patients who utilize medications to treat psychiatric conditions; including trial of error, unacceptable side effects such as suicidal ideation or worsening depression, ability to contact this provider if any worsening symptoms occur & when to go to the ER, importance of healthy lifestyle choices, importance of incorporating counseling, Medications:, SE(unacceptable), risks, Suicidality:, When to go to the ER, Lifestyle/behavioral
Counseling:, pt is actively engaged in counseling
Discussed the following regarding the use of ANTIDEPRESSANTS:, • Sedation, fatigue, drowsiness, • Upset stomach, heartburn, diarrhea or constipation, • Problems with sleep: restlessness, nightmares, awakenings, • Sexual side effects, problems with erection or climax, • Increased risk of suicidal thoughts and suicide, especially in children and adolescents, • Change in appetite and weight, • Muscle pain or weakness, • Increased risk of seizures, • Increased risk of bleeding, including bleeding from the GI tract, • Irregular heartbeat, palpitations, • May kindle manic or psychotic symptoms in rare instances, • Onset of action requiring 2-3 weeks & up to 6-8 weeks before full effect. It may take up to 12 weeks for these medications to have an effect on the symptoms of OCD., • Risks associated with sudden discontinuation were explained. Importance of slowly tapering medication with medical supervision.

Billing:

Counseling duration:, 16-37
Counseling: Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Decreased emotional lability, Adjustment to loss and transitions, Improve coping skills, Improve insight, Improve treatment compliance improve communication, Intervention:, Established rapport, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation
Coding: 99214/90833 (office)
Follow up:, 2, month(s)
Follow up appointment has been made.



Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 30 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: Apr 29, 2026
Visit Type	: 3MFUV - T		

Chief Complaints

MDD, GAD- Follow-Up Patient Encounter

Symptoms

Patient reports:

"it's just been up and down"

History of Present Illness

--Current Medications:
Effexor XR 225 mg
Buspar 7.5 mg BID
Strattera 60 mg

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Rosuvastatin 20 mg
Cholecalciferol 25 mcg
Compounded Wegovy
OCP
Ashwaghanda
Medication changes at last visit: none
Negative SE of medications: denies
Significant life changes since last visit: upcoming graduation
Patient reports worsening, situational symptoms since last visit.
PAST PSYCHOTROPIC TRIALS:
Lexapro: ineffective; difficulty with emotional regulation
Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image

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Patient reports that she has been doing "okay" since her last appointment.

Describes her mood as "up and down." Sleep is variable at 7 hours per night. Experiences occasional intermittent awakenings, around 1-2x per night, due to discomfort and restlessness. Is typically able to fall back asleep. Does not feel well-rested regardless of the amount of sleep she gets. Her husband says that she snores. Previously took 8 tablets of Unisom or half a bottle of NyQuil to sleep while in the military. Recently completed an at-home sleep study x1 night and was not diagnosed with sleep apnea. Appetite is increased due to emotional stress and anxiety. Was recently prescribed compounded Wegovy and is no longer on phentermine. Currently weighs 258 pounds.

Endorses more frequently depressed mood, around every other day out of the week. Her depression worsens immediately upon awakening in the morning due to dread related to going to work as well as at nighttime. Motivation and energy levels are variable, low. Feels frequently fatigued both physically and emotionally. It is sometimes difficult for her to complete ADLs, household tasks, and school/work-related responsibilities. However, she is still able to complete these tasks out of a sense of obligation. Reports occasional anhedonia but experiences joy when spending time with her husband and dogs. Experiences more frequent episodes of tearfulness, irritability, and mood fluctuations. Reports slightly elevated anxiety at

baseline due to multiple psychosocial stressors. Specific triggers include finances, job interviews and work-related stressors. Rates daily anxiety at 3-4/10 with increases to 7/10 based on situational stressors. Experienced 1 panic attack a couple of weeks ago due to current sociopolitical climate. Endorses occasional passive SI but denies current plan/intent. Identifies her husband, her mother, and her dogs as protective factors. Her Pomeranian has been a very helpful emotional support animal since she was in the military. Denies current HI/plan/intent.

Reflects on recent psychosocial stressors and life events. Work continues to be a significant source of stress for her. Has also been actively attempting to find a new job since her recent demotion at her current job working retail at Belk. There is no room for advancement until her probation ends in June. She recently completed her degree and will be walking for graduation in June. This is very exciting for her. Is in the process of applying for new jobs in her field but has not been hired yet. Expresses disappointment but also hope about future employment opportunities. Additionally, there was a major conflict with her friend group a couple of weeks ago which led to worsening depressive and anxiety symptoms. However, this has since been resolved.

Regarding her current medications, feels that they continue to work somewhat well to manage symptoms. Denies negative side effects. Discussed multiple pharmacologic options. Plan to trial an increased dose of Buspar for further symptom management and continue other medications as prescribed.

Continues to attend therapy regularly with Jasmine at Clarksville House of Healing. This has been very beneficial for her.

Patient is agreeable to increasing Buspar to 10 mg BID and continuing other medications as prescribed. Refills sent.

Health Vitals

Height: 5 ft 8 ins
Weight: 258 lbs
PHQ9: 19
GAD7: 14
PHQ10: NO

Physical Examination

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Constitutional: V/S Reviewed. Appears well developed, well nourished and in no acute distress.

Psychiatric: appears appropriately dressed, calm, and friendly. Pt is oriented to person, place, and time.
Attention/concentration: normal range.
Recent/remote history: intact.
Language: normal.
Fund of knowledge: normal.

Speech is normal in rate, volume & articulation.

Mood is somewhat dysthymic and anxious, and affect is congruent & appropriate to the content.

Thought process: linear. Associations are intact. Thought content appears appropriate. No apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of a psychotic process.

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Assessment Notes

Notes:, Diagnoses: the following diagnoses are based on currently available information and may change as additional information becomes available.
Testing:, PHQ9, GAD7

Diagnoses

Diagnosis	Code	Comments
Major depressive disorder, recurrent severe without psychotic features	F33.2	1
Generalized anxiety disorder	F41.1	2
Attention-deficit hyperactivity disorder, combined type	F90.2	3 (previous dx)
Insomnia due to other mental disorder	F51.05	4

Rx

Prescription	Directions	Details
venlafaxine ER 75 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	3 capsules (225 mg) once a day for 30 Day(s), oral route	Dispense :90 Capsule, Refill :1,Generic Allowed, Days of Supply :30
atomoxetine 60 mg capsule [atomoxetine HCL]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30
busPIRone 10 mg tablet [busPIRone HCl]	1 tablet(s) 2 times a day for 30 Day(s), oral route	Dispense :60 Tablet, Refill :1,Generic Allowed, Days of Supply :30

Lifestyle

- Minimize caffeine consumption and avoid caffeine after 1pm.
- Discontinue electronics at least 1 hour prior to bedtime.
- Keep and maintain a consistent sleep/wake schedule.
- Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar.
- Abstain from alcohol while taking psychotropic medication.
- Ensure to take time for your self during the day for self reflection and mindfulness activities.

Dietary Recommendations:, Adequate protein, healthy fats, avoid sugary snacks & beverages
Sleep Hygiene:, no caffeine after 1PM, discontinue electronics at least 1 hour prior to bedtime

Treatments

Treatment Plan/Medication Modifications

-Increase Buspar to 10 mg BID
-Continue Effexor XR to 225 mg and Strattera 60 mg

Recommendations
-Encourage individual psychotherapy
-Educated patient on risk of serotonin syndrome with current regimen

Follow up in 4-6 weeks or sooner if needed.

Future Considerations
-Increase Buspar vs. Strattera for further symptom management
-Evaluate for PTSD and ADHD

-- Diagnosis 1: partially controlled, situational worsening major depressive disorder

Intervention: increase Buspar continue Effexor XR; encourage individual psychotherapy

Goal: to manage depressive symptoms of anhedonia, anergia, sleep changes, diminished cognition, negative emotions

-- Diagnosis 2: partially controlled, variable generalized anxiety disorder

Intervention: increase Buspar, continue Effexor XR; encourage individual psychotherapy

Goal: to manage anxious symptoms of restlessness, feelings of being on edge, fatiguability, impaired concentration, irritability, muscle tension & sleep disturbance

-- Diagnosis 3: partially controlled, situational worsening ADHD

Intervention: continue Straterra; manage mood and anxiety; encourage coping skills

Goal: to improve attention to detail, attention span duration, task completion, task initiation threshold, organization, careless mistakes, distractibility & forgetfulness.

-- Diagnosis 4: partially controlled, variable insomnia

Intervention: referral for sleep study; encourage sleep hygiene

Goal: to improve delayed sleep onset, frequent awakenings, difficulty returning to sleep, early morning awakening causing emotional distress & impaired functioning in important areas of patient's life
-
Discussed the following:, risks, benefits, costs, potential side effects of pharmacotherapy, multiple pharmacologic options, unique challenges facing patients who utilize medications to treat psychiatric

conditions; including trial of error, unacceptable side effects such as suicidal ideation or worsening depression, ability to contact this provider if any worsening symptoms occur & when to go to the ER, importance of healthy lifestyle choices, importance of incorporating counseling, Medications:, SE(unacceptable), risks, Suicidality:, When to go to the ER, Lifestyle/behavioral
Counseling:, pt is actively engaged in counseling
Discussed the following regarding the use of ANTIDEPRESSANTS:, • Sedation, fatigue, drowsiness, • Upset stomach, heartburn, diarrhea or constipation, • Problems with sleep: restlessness, nightmares, awakenings, • Sexual side effects, problems with erection or climax, • Increased risk of suicidal thoughts and suicide, especially in children and adolescents, • Change in appetite and weight, • Muscle pain or weakness, • Increased risk of seizures, • Increased risk of bleeding, including bleeding from the GI tract, • Irregular heartbeat, palpitations, • May kindle manic or psychotic symptoms in rare instances, • Onset of action requiring 2-3 weeks & up to 6-8 weeks before full effect. It may take up to 12 weeks for these medications to have an effect on the symptoms of OCD., • Risks associated with sudden discontinuation were explained. Importance of slowly tapering medication with medical supervision.

Billing:

Counseling duration:, 16-37
Counseling: Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Decreased emotional lability, Adjustment to loss and transitions, Improve coping skills, Improve insight, Improve treatment compliance improve communication, Intervention:, Established rapport, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation
Coding: 99214/90833 (televisit)
Follow up:, 1, month(s)
This visit was accomplished using a HIPAA compliant telemedicine platform with provider in office & patient in their home or office setting.

Follow up appointment has been made.

Bailey Buckner

Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP

Patient	: Morgan Dana	**Record Id**	: PAT6032
Date of Birth	: Jul 26, 1995	**Age / Gender**	: 30 / Female
Provider	: Bailey Buckner, PMHNP	**Date of Visit**	: Jun 05, 2026
Visit Type	: 1MFUV - T		

Chief Complaints

MDD, GAD, ADHD, INSOMNIA- Follow-Up Patient Encounter

History of Present Illness

Current Medications Effexor XR 225 mg
Buspar 10 mg BID
Strattera 60 mg

_____

Rosuvastatin 20 mg
Cholecalciferol 25 mcg
Compounded Wegovy
OCP
Ashwaghanda

PAST PSYCHOTROPIC TRIALS: Lexapro: ineffective; difficulty with emotional regulation
Wellbutrin: self-discontinued due to weight gain, irritability, and worsening self-image

Chief Complaint
- '"I've generally been feeling better with overall anxiety... I have a depressed mood out of the blue sometimes, I just feel really burnt out"
- Patient presented for follow-up to address ongoing anxiety, intermittent depressed mood, and motivation concerns, particularly related to work stress and recent job demotion.

History of Present Illness
- Last visit was on 4/29. Buspar was increased to 10 mg BID; Effexor continued at 225 mg; Strattera at 60 mg. Patient reports improvement in overall anxiety since dose increase, though situational anxiety persists, especially related to work stress and interpersonal conflicts.
- Mood: Depressed mood occurs "once in a blue moon," most commonly at bedtime, and is now more manageable, reduced in frequency, intensity, and duration. Motivation and energy are low, particularly for household tasks, attributed to burnout from work, ADHD, and depression.
- Sleep remains generally restful but interrupted, with patient waking at least once nightly. She continues to get approximately seven hours per night, uses magnesium daily, and rarely uses melatonin or other sleep aids.
- Appetite has decreased since starting GLP-1, resulting in a 10-pound weight loss. Patient is actively managing nutritional intake with meal replacement bars and water additives.
- Anxiety: Generally controlled, rated 2-3/10 daily. Situational anxiety spikes with work-related stressors, such as recent conflict with store manager and anticipation of parents attending graduation. Patient describes physical manifestations of anxiety but no full panic attacks.
- No evidence of mania or hypomania. Irritability is mild, mostly at night, and patient prefers brief solitude but remains engaged with family.
-ADHD symptoms are partially controlled with current medications and coping skills but exacerbated by current work environment as well as recent burn out.
- Patient endorses passive thoughts of self-harm and suicide, occurring sporadically during periods of significant stress or perceived failure, but denies active intent or plan. Safety plan is in place with therapist. No homicidal ideation.

- Patient continues to attend therapy regularly with Jasmine at Clarksville House of Healing, which has been beneficial. She intentionally wakes up earlier before work to sit outside, eat breakfast, and spend time with her dogs, as recommended by her therapist.
- Patient has been actively applying for new jobs since a recent demotion at Belk; expresses disappointment but also hope regarding future employment. Graduation with a master's degree in human resources is imminent and is a source of excitement.

Mental Status Exam
- Orientation: Alert and oriented
- General Appearance: Well groomed and cooperative
- Dress: Appropriate
- Motor Activity: No abnormal motor movements
- Interview Behavior: Engaged, cooperative
- Mood: "Excited" about graduation; otherwise neutral
- Affect: Congruent, appears to be positive and engaged; tearful during discussion of work stress
- Insight: Good insight into symptoms and motivation for treatment
- Judgment/Impulse Control: Intact
- Memory: Grossly intact
- Attention/Concentration: Focused, though occasionally overly absorbed in tasks at work
- Thought Process: Linear and goal directed
- Thought Content: Hopeful about future employment; expresses disappointment about job demotion; passive thoughts of self-harm and suicide during periods of stress; identifies protective factors (husband, mother, dogs); expresses joy in activities with family and pets
- Perception: There is no mention of auditory hallucinations, visual hallucinations, paranoia, obsessive thoughts, delusional thoughts, or intrusive thoughts.
- Functional Status: Able to perform daily activities and work responsibilities; motivation and energy low for household tasks
- SI, HI, Violent Ideation: Denied active suicidal or homicidal ideation; passive thoughts present, safety plan in place

Risk Assessment
- Area(s) of risk: Passive suicidal ideation and self-harm thoughts, no active plan or intent; no homicidal ideation
- Level of risk: Low acute risk; sporadic passive thoughts only during significant stress
- Risk factors: History of self-harm in high school, recent job demotion, ongoing work stress, intermittent depressed mood, professional burnout, disappointment with job search
- Modifiable risk factors: Work stress, job dissatisfaction, burnout, access to means not discussed
- Protective factors: Husband, mother, dogs (emotional support animal), regular therapy, safety plan, excitement about graduation, hope for future employment
- Safety planning: Safety plan established with therapist; regular therapy attendance
- Long-term suicide risk: Moderate due to history and ongoing stressors; short-term suicide risk: Low given absence of active intent, strong protective factors, and engagement in treatment

Assessment and Plan
- ADHD: Chronic, partially controlled; Strattera increased from 60 mg to 80 mg daily to address motivation and energy deficits. Patient to monitor response; rationale is to target ADHD symptoms and emotional regulation without increasing risk of anxiety or depression.
- Major Depressive Disorder: Chronic, partially controlled; Effexor XR 225 mg daily continued. Depressed mood is less frequent and more manageable. No change to medication at this time.
- Generalized Anxiety Disorder: Chronic, partially controlled with Buspar 10 mg BID; improvement noted since dose increase; situational anxiety persists. Continue current regimen.
- Insomnia: Restful but interrupted; magnesium used daily, melatonin rarely. No pharmacologic changes recommended.
- Appetite/weight: Decreased appetite since GLP-1 initiation; patient managing nutritional intake with meal replacement bars and water additives. No changes needed.
- Non-pharmacological interventions: Continue regular therapy with Jasmine at Clarksville House of Healing; maintain morning routine as recommended by therapist; safety plan in place.
- Patient to follow up in approximately 7 weeks (July 24) to assess response to Strattera increase and overall progress. Patient encouraged to reach out if symptoms worsen or additional support is needed.
- Clinical reasoning: Medication changes made to optimize symptom control while minimizing risk; no stimulant recommended due to potential for worsening anxiety and depression. Continued therapy and protective factors support medical necessity.

Patient Goals
- Patient will attend weekly therapy sessions with Jasmine at Clarksville House of Healing over the next 30 days
- Patient will maintain morning routine (wake early, sit outside, eat breakfast, spend time with dogs) at least 5 days/week for the next month
- Patient will apply for jobs in her field and follow up on applications weekly until employed
- Patient will monitor response to Strattera increase and report changes in motivation and energy at next follow-up
- Patient will utilize safety plan and coping strategies during periods of increased stress or passive suicidal ideation

Psychotherapeutic Interventions
- Work-related stressors, including recent demotion, lack of advancement, and interpersonal conflict with store manager, were addressed
- Emotional responses of situational anxiety, disappointment, hopefulness, and occasional depressed mood were explored
- Coping skills discussed included intentional morning routines (sitting outside, breakfast, time with dogs), timer strategies for task management, and use of meal replacement bars for nutritional balance
- Supportive counseling provided throughout the session, including positive reinforcement for proactive communication with manager and for maintaining morning routines recommended by therapist
- Protective factors identified: husband, mother, dogs (notably Pomeranian as emotional support animal)
- Therapeutic approach included supportive therapy, psychoeducation regarding medication options, and encouragement to continue regular therapy with Jasmine at Clarksville House of Healing

- Patterns of negative self-talk and cognitive distortions related to job rejection and self-worth were examined and reframed
- Positive reinforcement provided to the patient for engaging in creative activities, walking dogs, and seeking new employment opportunities

Health Vitals

Height: 5 ft 8 ins

Weight: 258 lbs

PHQ9: 17

GAD7: 12

PHQ10: NO

Physical Examination

Physical Exam Telehealth, Constitutional: Self reported vital signs reviewed. Well dressed, well appearing, well developed. In no acute distress and without evidence of abuse or neglect. MSK: Limited assessment due to the Telehealth nature of the appointment. No abnormalities of visualized structures. PULM:Respiratory rate, rhythm and effort were normal, no use of accessory muscles. HEENT: Visualized portions of the head, ears, eyes, nose and throat were without abnormal findings.

Diagnoses

Diagnosis	Code	Comments
Attention-deficit hyperactivity disorder, combined type	F90.2	
Major depressive disorder, recurrent, moderate	F33.1	
Generalized anxiety disorder	F41.1	
Insomnia due to other mental disorder	F51.05	

Rx

Prescription	Directions	Details
venlafaxine ER 75 mg capsule,extended release 24 hr [VENLAFAXINE HCL ER]	3 capsules (225 mg) once a day for 30 Day(s), oral route	Dispense :90 Capsule, Refill :1,Generic Allowed, Days of Supply :30
busPIRone 10 mg tablet [busPIRone HCl]	1 tablet(s) 2 times a day for 30 Day(s), oral route	Dispense :60 Tablet, Refill :1,Generic Allowed, Days of Supply :30
atomoxetine 80 mg capsule [atomoxetine HCL]	1 capsule(s) once a day for 30 Day(s), oral route	Dispense :30 Capsule, Refill :1,Generic Allowed, Days of Supply :30

Treatments

PATIENT EDUCATED ON THE FOLLOWING

[1] LIFESTYLE:, Minimize caffeine consumption and avoid caffeine after 1pm. Discontinue electronics at

least 1 hour prior to bedtime. Keep and maintain a consistent sleep/wake schedule. Ensure to eat a well balanced diet, avoiding foods high in fats and high in sugar. Abstain from alcohol while taking psychotropic medication. Ensure to take time for your self during the day for self reflection and mindfulness activities.

[2] SUICIDALITY:, Patient reminded of Crisis hotline 988 and instructed to report to the nearest ER or hospital in the case of a mental health emergency. Patient educated on recommended lifesytle and behavioral changes to reduce risk of suicide.

Medication:, Discussed how the medication works, both expected and unexpected side effects, interactions with other medications or substances, the importance of taking medication as prescribed and the overall risk of taking psychotropic medication to include worsening of symptoms, suicidal ideations and even the possibility of death., Serotonin Syndrome: I provided education to the patient regarding serotonin syndrome, a potentially serious condition that can occur when medications that increase serotonin levels are used, particularly when multiple serotonergic agents are taken together. We reviewed the common symptoms of serotonin syndrome, including agitation, restlessness, confusion, rapid heart rate, elevated blood pressure, dilated pupils, diarrhea, muscle twitching, and excessive sweating. I explained that more severe cases can present with high fever, seizures, irregular heartbeat, and loss of consciousness, and that severe serotonin syndrome can be life-threatening if not promptly recognized and treated. We discussed that serotonin syndrome most often occurs when a new serotonergic medication is started, a dose is increased, or when multiple serotonergic drugs are combined, including prescription medications such as SSRIs, SNRIs, MAOIs, triptans, tramadol, linezolid, and certain over-the-counter supplements such as St. John's Wort and tryptophan. I advised the patient to inform all treating providers and pharmacists of their current medication regimen before starting any new prescription, over-the-counter medication, or herbal supplement. The patient was instructed to seek immediate medical attention if they develop any combination of the above symptoms, particularly if a new medication has recently been started or a dose has been changed. The patient indicated understanding of the information provided and was given the opportunity to ask questions., Antidepressants, I provided education to the patient regarding the risks, benefits, and potential side effects of antidepressant therapy. We reviewed common side effects, including headache, gastrointestinal distress, sedation, changes in appetite, sexual dysfunction, agitation, and the potential for drug interactions. Less common but more serious risks such as seizures, hypertension, and discontinuation syndrome were also discussed. Additionally, I reviewed the symptoms of bipolar disorder and explained the potential for antidepressants to worsen mood instability if underlying bipolar disorder is present. The patient indicated understanding of the information provided.
Patient has been considered for Interventional Psychiatric Treatment such as (TMS, ESK, KIT, ECT) No, Her depressive symptoms are improving with current pharmacologic regimen. Potential to consider Spravato in the future.

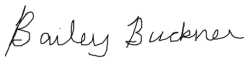
Controlled Substances No evidence of abuse, misuse, diversion or stockpiling of controlled substances.

PSYCHOTHERAPY Duration (time spent after E/M services) 16-37

PSYCHOTHERAPY GOALS Problem / Treatment Goals:, Decrease depressive symptoms, Decreasing anxiety symptoms, Adjustment to loss and transitions, Improve coping skills, Improve insight, Improve treatment compliance, Improve communication, ADHD, Improve emotion regulation, including managing frustration, anger, and emotional reactivity, Identify and modify maladaptive beliefs (e.g., anticipation of failure, negative self-concept) that reinforce avoidance and emotional distress, Challenge cognitive

distortions related to self-worth and competence, Improve self-esteem and overall emotional adjustment, Improve social functioning and interpersonal relationships, Increase the patient's understanding of ADHD as a neurodevelopmental condition, including how it affects daily functioning, Build awareness of how ADHD interacts with medication, lifestyle, and relationships
PSYCHOTHERAPY INTERVENTIONS Intervention Used:, Reflective listening/Reassurance, Review / reinforce progress, Cognitive skills / restructuring, Identify & address barriers to progress, Stress/anxiety management, Symptom management, Psychoeducation

BILLING/CODING Today's visit was:, Telehealth (This visit was accomplished using a HIPAA compliant telemedicine platform with provider in office & patient in their home or office setting.), 99214/90833



Bailey Buckner, PMHNP

Electronically Signed By Bailey Buckner, PMHNP