Anxiety/Depression

A/P

Patient has been treated for anxiety and or depression for quite some time.

Has tried the following medicines:

Feels like their current medication of {\_} is working for them.

Recommended they consider visiting with a therapist, patient: agreed {\_} declined

No SI today

No previous attempts at SI per patient report

-continue above medication

-Therapy referral recommended, {\_} sent {\_} patient declined

- F/U in 6 months or sooner if needed

HPI

Patient reports dealing with anxiety and depression for {\_} years

Patient is currently taking {\_}

No adverse reactions reported from medications

Patient follows with psychiatry {\_}