



DC MAP Template for Assessing Anxiety Symptoms

CURRENT SYMPTOMS: *The patient is currently struggling with the following symptoms:*

Questions to elicit anxiety disorders,

- a) Does the child worry a lot, out of proportion to events, have unexplained somatic complaints? Consider **Generalized Anxiety Disorder**
- b) Have moments of freaking out where cannot breathe, heart races, dizzy, lasts ~5-10 min? Consider **Panic Attacks**
- c) Avoid places or events, have bad dreams/nightmares, describe scary events? Consider PTSD
- d) Worry about certain things (germs, how look, etc.), and/or do things a certain way/number of times and get distressed if cannot do it that way? Consider **OCD**
- e) Struggle to separate from caregivers to go to school/visit relatives, worry about parents excessively, seek to sleep with parents most nights? Consider **Separation Anxiety**
- f) Fear meeting/talking to others, speaking/presenting in class, fear judgment by others? Consider Social anxiety
- g) Have “phobias” about bugs heights, injections, insects, etc.? Consider **Phobia**

IMPACTS: *What does a **Typical Day** look like?*

Identify any biological, personal, environmental changes that may have impacted the patient, and current impacts of symptoms on **(1) school, (2) home/family, and (3) peer functioning.**

DURATION: *The patient has had these symptoms (how long, how often):*

PRECIPITANTS: *These symptoms most commonly emerge when (Precipitation Factors: What leads to worry):*

INTERVENTIONS: *The patient/family have tried to address this with (what they have attempted [coping skills, talking, breathing, etc.], how helpful was it?):*

PANDEMIC: Has Covid contributed to these symptoms or deterioration?

RATING SCALES: *The patient scored _____ on the ([SCARED](#); [GAD-7](#), etc.).*

Any Medical Components to these symptoms? (Consider symptoms of hyperthyroidism like increased sensitivity to heat, increased sweating, tremor, diarrhea, hair/skin changes, etc.)

Death/Self-harm/Suicidal ideation/Aggression ([thoughts, comments, actions](#)):

Other Psychiatric Disorders to Consider: ADHD, Depression, Autism, Conduct Disorder, Eating Disorder, Psychosis, Substances

MENTAL STATUS EXAM:

Appearance/Behavior:

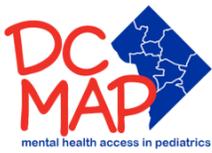
Mood:

Affect:

Sensorium:

Intellect:

Thought Content:



DC MAP Template for Assessing Anxiety Symptoms

ASSESSMENT:

The patient meets diagnostic criteria for _____. Rating scales show current baseline scores of _____. From a biopsychosocial perspective, the patient has a family history/medical conditions of _____, appears to become anxious because _____, and anxiety is impacted by social factors such as [change in housing, family conflict, school/peer difficulties, etc.]. These symptoms interfere with the patient’s current life by _____.

PLAN:

1. **Diagnostically**, the patient describes (mild, moderate, severe) disorder. In addition, the patient also describes impairing symptoms of _____ disorders which we will monitor by (rating scales, review of those symptoms, discussion with teachers, etc.).
2. **Therapy Interventions** appropriate for this patient include (cognitive behavioral therapy, group counseling, individual supportive counseling, family/parent-child therapy, etc.)
3. **Medication interventions** for this patient include (SSRI’s, sleep agents [melatonin, trazodone, mirtazapine, gabapentin, etc.]). These were discussed with family, including risks, benefits, and potential side effects, and they agree to a therapeutic trial of _____, which we will start at _____ (dose). If any difficulties or unusual reactions emerge, family have been instructed to contact me immediately at the office phone number.
4. **Other Interventions include:**
 - a. **School** (evaluations or 504/IEP accommodations, etc.)
 - b. **Parenting Support** (reading materials, parent support groups or individual evaluation/treatment, etc.)
 - c. **Daily Routine:** (e.g., Physical exercise planning, Screen Time/Social Media, that effect anxiety)

Follow Up will be in _____ (days/weeks/months), and family will contact me if any changes or deterioration occurs.

For a more thorough evaluation/At subsequent visits

Neurovegetative Symptoms:

Sleep: ___ hrs/night (any sleep concerns) Appetite (changes): Energy Level (most days):

SUBSTANCE USE: The patient has been exposed to/currently uses the following substances: **alcohol, marijuana, nicotine, (other)**. (If using) The patient reports use has been associated with (both patient-perceived good [calms, chills out, etc.] and *bad* [conflicts, difficulties with others, school, work, etc.]).

STENGTHS/RESILIENCE: What is your child **good at**? What does the patient **do for fun**? What makes them **calm, happy, awed, joyous, inspired, grateful**? How are their **peer relationships**? What are they **proud of/feel good about** accomplishing? How do they **respond to adversity/failure/losing**?

Pertinent Social History:

Trauma/neglect/abuse/bullying:



DC MAP Template for Assessing Anxiety Symptoms

Access to firearms/weapons:

Sexually active/gender identity concerns:

Pertinent FAMILY HISTORY:

Family members with (psychiatric illness, suicidal behaviors, substance use) include maternal relatives with/paternal relatives with _____. Effective treatments reported for family members include _____.

MSE details for reference: Appearance (looks nervous, shifts about, avoids eye contact, looks to caregiver for answers; cries, hides, sweaty), Mood (reports anxious, looks nervous, worried, edgy, about to cry, Sensorium (if confused, fluctuating consciousness, consider substances; if cannot tolerate noises, smells, touch, etc., consider autism) Intellect (poor concentration, poor memory and embarrassed/fearful about it) , Thought (excessive fears, usually wishes were not afraid and doesn't really think sibling attempting to poison them [as occurs with psychosis])

Resources for the Pediatrician:

AAP Mental Health Minute Anxiety: <https://services.aap.org/en/patient-care/mental-health-minute/anxiety/>

AACAP Practice Parameters for Anxiety: <https://www.jaacap.org/action/showPdf?pii=S0890-8567%2809%2965341-7>

AAP Tools for Pediatricians: <https://www.aappublications.org/news/2018/12/14/anxietyresources121418>

Resources for Families:

AACAP Facts for Families: https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Anxious-Child-047.aspx

Anxiety Disorders Resource Center:
https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx

CDC Coping with Stress: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

CDC Helping Children Cope: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>



DC MAP Template for Assessing Anxiety Symptoms

Psychiatric Review of Systems

<p><u>AD/HD</u></p> <p><u>Inattention</u></p> <ul style="list-style-type: none"> - Careless mistakes - Doesn't listen - Doesn't follow through - Unorganized - Hard to sustain attn - Loses things - Easily distracted - Forgetful <p><u>Hyp/Impulsivity</u></p> <ul style="list-style-type: none"> - Fidgets/squirms - Leaves seat - Runs/climbs excessively - Not quiet - Always moving - Talks a lot - Blurts out answers - Difficulty waiting turns - Interrupts people 	<p><u>Anxiety</u></p> <ul style="list-style-type: none"> - Excessive worry - Restlessness - Easily tired - Difficulty concentrating - Irritable - Muscle tension - Sleep problems <p><u>Social Phobia</u></p> <ul style="list-style-type: none"> - Fear of social situations - Fear of performance or scrutiny by others - Crying, tantrums, freezing, shrinking from unfamiliar social situations - May recognize fear is excessive - Situations avoided <p>*Separation anxiety?</p>	<p><u>Depression</u></p> <ul style="list-style-type: none"> - Depressed mood most of day (every day) - Diminished interest/pleasure - Weight loss/gain - Insomnia / hypersomnia - Motor agitation / retardation - Fatigue / loss of energy - Lower ability to concentrate - Indecisiveness - Recurrent thoughts of death <p><u>Mania</u></p> <ul style="list-style-type: none"> - Inflated grandiosity/self esteem - Less need for sleep - Racing thoughts - Distractibility - Increase in activity - Excessive involvement/movement
<p><u>CD / ODD</u></p> <ul style="list-style-type: none"> - Aggression to people/animals - Destruction of property - Deceitfulness / theft - Serious violation of rules - Loses temper - Argues with adults - Actively defies - Deliberately annoys - Blames others - Touchy / easily annoyed - Angry & resentful / spiteful 	<p><u>Schizophrenia</u></p> <ul style="list-style-type: none"> - Delusions - Hallucinations - Thought process/disorganized speech - Disorganized bx - Flat affect - Low initiation of goal-directed behavior - Lowered fluency/production of speech - Word salad 	<p><u>OCD</u></p> <ul style="list-style-type: none"> - Recurrent thoughts/impulses - Intrusive / inappropriate - Suppress by other thoughts/actions - Recognizes that product of own mind - Repetitive behaviors in response to obsession - According to rigid rules - Prevents/reduces distress