

1 Patient Information**1 PATIENT DETAILS**

Name Allison M. Porter	Date of Service 05/06/2026
DOB / Age / Sex 06/18/1994 Age 31 Female	Provider Dr. Rachel T. Kim, LCSW
Session Type Individual Therapy — Established Patient	Duration 50 minutes

CC Chief Complaint**1 PRIMARY CONCERN**

Escalating anxiety related to upcoming performance review at work and persistent worry about health following a recent ER visit for palpitations, which was medically cleared as benign.

D Data**2 ALL RELEVANT SESSION INFORMATION — OBSERVATIONS, DISCLOSURES, INTERVENTIONS, RESPONSES, PERTINENT NEGATIVES**

Ms. Porter presented on time, dressed professionally, and appeared visibly tense — noted to be fidgeting with her bracelet throughout the first 20 minutes of session. She reported a significant increase in anxiety symptoms over the past 10 days, rating her average worry severity at 8/10 (up from 5/10 at last session). Primary worry themes were identified as: (1) her annual performance review scheduled for 05/12/2026 — she described catastrophic cognitions ('My boss will fire me even though I've had a great year'), and (2) health anxiety following an ER visit on 04/28/2026 for palpitations (EKG normal, cardiac workup negative per ER attending) — she continues to Google cardiac symptoms daily despite medical reassurance and is convinced 'they missed something.' She reported 3–4 hours of sleep per night for the past week, difficulty eating, and avoidance of caffeine and exercise due to fear of triggering palpitations. Patient disclosed that she called her mother 8 times in the past week seeking reassurance about her health — each call provided momentary relief followed by rapid return of anxiety. Patient explicitly denied suicidal ideation, homicidal ideation, self-harm behaviors, or current substance use beyond 1 glass of wine twice this week. Therapist introduced the concept of intolerance of uncertainty as a maintenance factor for her anxiety and she identified strong resonance with this concept.

A Assessment**3 CLINICAL STATUS, PROGRESS, DIAGNOSTIC IMPRESSIONS, FUNCTIONAL IMPACT, MEDICAL NECESSITY**

Ms. Porter presents with a significant exacerbation of her Generalized Anxiety Disorder (F41.1), currently rated moderate-severe based on symptom burden, sleep impairment, and functional impact. Two distinct anxiety spirals are identified: occupational anticipatory anxiety with catastrophizing cognitions, and health anxiety with reassurance-seeking behaviors (Google searching, repetitive phone calls) that are maintaining and amplifying the anxiety response despite medical clearance. Her avoidance of exercise and caffeine — while understandable — is narrowing her behavioral repertoire and reinforcing the belief that her body is fragile. Medical necessity for continued psychotherapy is evident given functional impairment in sleep, nutrition, work productivity, and social domains. PHQ-9 today: 9 (mild depression — not meeting MDD threshold; secondary to chronic anxiety). GAD-7 today: 18 (severe anxiety).

P Plan**4 INTERVENTIONS, HOMEWORK, REFERRALS, SAFETY**

1. Cognitive restructuring: Patient completed a thought record targeting 'My boss will fire me' — identified distorted fortune-telling and catastrophizing; generated evidence for and against, arriving at a more balanced cognition ('My performance reviews have been positive for 3 years; one difficult year doesn't mean termination'). 2. Psychoeducation on reassurance-seeking as an anxiety-maintenance behavior — patient

agreed to limit health-related Google searches to one 10-minute block per day and to reduce maternal phone calls to one per day with a 5-minute limit. 3. Behavioral experiment assigned: Return to morning walk (20 minutes) on 05/07 and 05/09 to test the hypothesis that exercise will trigger dangerous palpitations — record actual outcome. 4. Sleep hygiene review — stimulus control, scheduled worry time (15 minutes at 5 PM only), no screens 45 minutes before bed. 5. Patient expressed interest in a referral to psychiatry for medication evaluation given severity — referral placed to Dr. James Park, MD for SSRI initiation consultation. 6. Safety plan updated — patient affirmed no safety concerns; crisis resources reviewed.

F Follow-Up

5 NEXT SESSION & MONITORING PLAN

Next Session / Timeframe

Return in 1 week (05/13/2026) given elevated GAD-7 and sleep impairment. Evaluate behavioral experiment outcome and sleep hygiene adherence. Contact office or 988 if safety concerns arise.

TIME DOCUMENTATION & BILLING

Total Time

50 minutes

Counseling Time

50 minutes

Primary Dx Code

F41.1 — Generalized Anxiety Disorder

CPT Code

90837 — Individual Psychotherapy, 60 minutes

Basis

Time-based

Secondary Dx Code(s)

F45.21 — Health anxiety (hypochondria, specified); Z56.9 — Work-related stressor

PROVIDER NAME

Dr. Rachel T. Kim, LCSW

CREDENTIALS

LCSW — Mental Health

DATE & TIME

05/06/2026