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| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Identifying Data: | | | Source of Info: |
| History | | | |
| Chief Complaint/Reason for ENCOUNTER: | | | |
| HPI (*(1-3 elements - Brief; 4+ elements – Extended )*Elements: Location, Quality, Severity, Duration, Timing, Content, Modifying Factors, Associated Signs & Symptoms | | | |
| PAST PSYCHIATRIC HISTORY: *(1 history area – Pertinent; 2-3 history areas – Complete)* | | | |
| Past MEDICal history: Diagnoses: Medications:  Surgeries: Allergies: | | | |
| Past Family, Social, History (PFSH): | | | |
| **REVIEW OF SYSTEMS & ACTIVE MEDICAL PROBLEMS NOTES IF POSITIVE**  ***(1 system - Problem Pertinent; 2-9 systems – Extended; 10 or more systems or some systems noted as ”all others negative”- Complete)***  1. Constitutional pos\_\_\_ neg \_\_\_  2. Eyes pos\_\_\_ neg \_\_\_  3. Ears/Nose/Mouth/Throat pos\_\_\_ neg\_\_\_  4. Cardiovascular pos\_\_\_ neg\_\_\_  5. Respiratory pos\_\_\_ neg\_\_\_  6. Gastrointestinal pos\_\_\_ neg\_\_\_  7. Genitourinary pos\_\_\_ neg\_\_\_  8. Muscular pos\_\_\_ neg\_\_\_  9. Integumentary pos\_\_\_ neg\_\_\_  10. Neurological pos\_\_\_ neg\_\_\_  11. Endocrine pos\_\_\_ neg\_\_\_  12. Hemotologic/Lymphatic pos\_\_\_ neg\_\_\_  13. Allergies/Immune pos\_\_\_ neg\_\_\_ | | | |
| Psychiatric Specialty Examination | | | |
| *(1-5 bullets- Problem Focused; at least 6 bullets Expanded Problem Focused; at least 9 bullets - Detailed; all bullets- Comprehensive Exam)* | | | |
| Vital Signs (any 3 or more of the 7 listed): Patient personally examined:  **\_\_** Yes  **\_\_** No Blood Pressure: (Sitting/Standing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supine) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_\_\_ Pulse (Rate/Regularity) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Height \_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_ | | | |
| * General Appearance and Manner: (e.g., development, nutrition, body habitus, deformities, attention to grooming) | | | |
| * Musculoskeletal: \_\_Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) (note any atrophy or abnormal movements)   (and/or) \_\_Examination of gait and station | | | |
| * Speech: Check if normal:\_\_\_rate\_\_volume\_\_articulation\_\_coherence\_\_spontaneity (note abnormalities; e.g., perseveration, paucity of language) | | | |
| * Thought processes: Check if normal: \_\_associations\_\_processes\_\_abstraction \_\_computation | | | |
| * Description of associations (e.g., loose, tangential, circumstantial, intact): | | | |
| * Description of abnormal or psychotic thoughts (e.g., hallucinations, delusions, preoccupation with violence, homicidal or suicidal ideation, obsessions):   Suicidal ideation: \_\_ Present\_\_ Absent Homicidal ideation: \_\_Present \_\_ Absent Violent ideation: \_\_Present \_\_ Absent | | | |
| * Description of patient’s judgment and insight: | | | |
| * Orientation: | | | |
| * Memory (Recent/Remote): | | | |
| * Attention/Concentration: | | | |
| * Language: | | | |
| * Fund of knowledge: \_\_intact \_\_inadequate | | | |
| * Mood and affect: | | | |
| Other Findings (e.g. cognitive screens, etc.): | | | |
| **MEDICAL DECISION MAKING** | | | |
| Need for admission/evaluation: | **Data** | | |
| Medical Records/Labs/Diagnostic Tests Reviewed: | | |
| **Diagnoses** | | **Treatment Plan** | |
| Axis I-V:  Rule outs: | | Intervention/Psychotherapy | |
| Medication | |
| Formulation: | | Labs/Radiology/Tests/Consultation | |
| Other | |
| \_\_Greater than 50% of time spent in counseling/coordination of care (document) | | | |

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Physician Name (Print) Physician Signature Date and Time