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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  **\_\_** NoBlood 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