

DATE: _____

ATTENDING PHYSICIAN: _____

THERAPIST: _____

ID / CC / HPI: _____

PAST PSYCH HISTORY: _____

SURG/MED HISTORY: _____

LEGAL HISTORY: _____

SUBSTANCE USE & TREATMENT:

ALCOHOL: _____

TOBACCO: _____

HEROIN: _____

COCAINE: _____

OTHER: _____

FAMILY PSYCH HISTORY: _____

SOCIAL HISTORY:

MARITAL STATUS: _____

OCCUPATION: _____

EDUCATION: _____

SUPPORT SYSTEM: _____

LIVING SITUATION: _____

MEDICATIONS: _____

CLIENT LAST NAME: _____

FIRST: _____

HCH#: _____

ALLERGIES: _____

MSE

ALERT SOMNOLENT STUPOROUS ORIENTED TO PERSON / PLACE/TIME

GENERAL APPEARANCE

WELL GROOMED DISHEVELED APPEARS STATED AGE / YOUNGER / OLDER

ATTITUDE

COOPERATIVE GUARDED HOSTILE DEFENSIVE OTHER

BEHAVIOR

NORMAL PSYCHOMOTOR AGITATION / RETARDATION OTHER

SPEECH

RATE RAPID/ SLOW / PRESSURED TONE MONOTONOUS / NORMAL VOLUME LOUD / QUIET

MOOD

EUTHYMIC DEPRESSED ANXIOUS ANGRY EUPHORIC

AFFECT

FULL & APPROPRIATE BLUNTED FLAT LABILE BRIGHT SAD INAPPROPRIATE

THOUGHT PROCESS

GOAL DIRECTED TANGENTIAL PERSEVERATIVE LOOSENING OF ASSOC PAUCITY OF IDEAS
 THOUGHT BLOCKING FLIGHT OF IDEAS ILLOGICAL CIRCUMSTANTIAL EVASIVE

THOUGHT CONTENT

SI: CURRENT INTENT? YES NO CURRENT PLAN? YES NO DESCRIBE _____

HI: CURRENT INTENT? YES NO CURRENT PLAN? YES NO DESCRIBE _____

DELUSIONS? YES NO DESCRIBE _____

PREOCCUPATIONS OBSESSIONS COMPULSIONS PHOBIAS

PERCEPTION: HALLUCINATIONS

AUDITORY VISUAL TACTILE OTHER

ATTN/CONC: INTACT IMPAIRED MEMORY: INTACT IMPAIRED MMSE: _____ / 30
 FUND OF KNOWLEDGE: APPROPRIATE / IMPAIRED ABSTRACTION: INTACT CONCRETE ODD PERSONALIZED
 INTELLIGENCE: AV <AV INSIGHT: FAIR GOOD POOR JUDGEMENT: FAIR GOOD POOR
 CAPACITY TO WORK PSYCHOTHERAPEUTICALLY: FAIR GOOD POOR
 ABILITY TO ESTABLISH A THERAPEUTIC ALLIANCE: FAIR GOOD POOR

AXIS I:

AXIS II:

AXIS III:

AXIS IV:

AXIS v:

PLAN

MEDICATIONS: _____

RISKS AND BENEFITS DISCUSSED? YES NO

FOLLOW-UP APPOINTMENT: _____

OTHER REFERRALS / APPOINTMENTS

MEDICAL

LA6 (NURSING): _____

HPE / MEDICAL CONCERN: _____

SOCIAL WORK

CASE MGMT. _____

ON-CALL TODAY: _____

ADDICTIONS: _____

DUAL DIAGNOSIS GROUP: _____

SIGNATURE: _____

PRINT NAME: _____