

**UMMS / HEALTH CARE FOR THE HOMELESS
PSYCHIATRY FOLLOW-UP VISIT**

DATE: _____

PROGRESS SINCE LAST VISIT: _____

MEDS COMPLIANT? YES NO

SLEEP: _____ APPETITE: _____

MSE

ORIENTATION: PERSON / PLACE / TIME CONSCIOUSNESS: ALERT SOMOLENT STUPOROUS

ATTITUDE: COOPERATIVE UNCOOPERATIVE GUARDED HOSTILE DEFENSIVE OTHER: _____

GENERAL APPEARANCE: APPROPRIATE DISHELVED WELL-GROOMED
 UNUSUAL/FLAMBOYANT APPEARS STATED AGE/ YOUNGER / OLDER

SPEECH: **RATE** - RAPID SLOW PRESSURED NORMAL
TONE - MONOTONOUS APPROPRIATE
VOLUME - LOUD QUIET APPROPRIATE
MOOD: EUTHYMIC DEPRESSED ANXIOUS
 ANGRY EUPHORIC

AFFECT: FULL AND APPROPRIATE BLUNTED / FLAT BRIGHT SAD INAPPROPRIATE

THOUGHT PROCESS: GOAL DIRECTED TANGENTIAL CIRCUMSTANCIAL BLOCKING
 PERSEVERATIVE ILLOGICAL FLIGHT OF IDEAS/LOOSE ASSOC.

THOUGHT CONTENT: PREOCCUPATIONS' OBSESSIONS COMPULSIONS PHOBIAS APPROPRIATE

DELUSIONS? NO YES DESCRIBE: _____

HALLUCINATIONS AUDITORY VISUAL TACTILE OTHER: _____

ATTENTION/CONCENTRATION INTACT IMPAIRED MEMORY: INTACT IMPAIRED

INSIGHT FAIR GOOD POOR JUDGMENT: FAIR GOOD POOR

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

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

ASSESSMENT

CHANGE SINCE LAST VISIT SAME WORSE IMPROVED

ADDICTION ACTIVE USE/SUBSTANCE _____ MAINTAINING RECOVERY _____ DAYS/MOS RELAPSED N/A

PROGRESS: _____

AXIS I: _____ AXIS II: _____

TREATMENT

MEDS: _____

RISKS AND BENEFITS DISCUSSED? YES NO

ALSO SCHEDULE WITH: THERAPIST SOCIAL WORKER MEDICAL ADDICTION NSG (LABS) DUAL DIAGNOSIS GROUP

OTHER INTERVENTIONS: _____

PHYSICIAN SIGNATURE: _____

NEXT APPOINTMENT: _____

CLIENT LAST NAME: _____

FIRST: _____

HCH#: _____