

Patient Name: _____	Date: _____
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, FAMILY, SOCIAL HISTORY (PFSH) ___ Check if no change (1 history area - Pertinent; 2-3 history areas - Complete)	
REVIEW OF SYSTEMS & ACTIVE MEDICAL PROBLEMS	
NOTES IF POSITIVE	
<i>(1 system - Problem Pertinent; 2-9 systems - Extended; 10 or more systems or some systems noted as "all others negative"- Complete)</i>	
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	
<i>(1-5 bullets- Problem Focused; at least 6 bullets Expanded Problem Focused; at least 9 bullets - Detailed; all bullets- Comprehensive Exam)</i>	
<ul style="list-style-type: none"> 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 _____	
<ul style="list-style-type: none"> General Appearance and Manner: (e.g., development, nutrition, body habitus, deformities, attention to grooming) 	
<ul style="list-style-type: none"> 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 	
<ul style="list-style-type: none"> Speech: Check if normal: ___rate___volume___articulation___coherence___spontaneity (note abnormalities; e.g., perseveration, paucity of language) 	
<ul style="list-style-type: none"> Thought processes: Check if normal: ___associations___processes___abstraction___computation 	
<ul style="list-style-type: none"> 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

Diagnoses	Data
Axis I-V: Rule outs:	Medical Records/Labs/Diagnostic Tests Reviewed
Formulation	

Problem/Condition	Treatment Plan	
Problem/Condition: <input type="checkbox"/> New <input type="checkbox"/> Established	Intervention/Psychotherapy	
Status: <input type="checkbox"/> Improving <input type="checkbox"/> Worsening		
Comorbidities: <input type="checkbox"/> Stable <input type="checkbox"/> Complications/side effects <input type="checkbox"/> Independent management required <input type="checkbox"/> Interference with management of primary condition(s)		Medication
		Labs/Radiology/Tests/Consultation
	Other	

Greater than 50% of time spent in counseling/coordination of care (document)

PSYCHOTHERAPY, if performed, should be documented separately

Physician Name (Print)

Physician Signature

Date and Time