

Patient Name: _____	Date: _____
Identifying Data: _____	Source of Info: _____
HISTORY	
CHIEF COMPLAINT/REASON FOR ENCOUNTER:	
HPI <i>(1-3 elements - Brief; 4+ elements - Extended)</i>	
Elements: Location, Quality, Severity, Duration, Timing, Content, Modifying Factors, Associated Signs & Symptoms	
PAST PSYCHIATRIC HISTORY: <i>(1 history area - Pertinent; 2-3 history areas - Complete)</i>	
PAST MEDICAL HISTORY:	
Diagnoses: _____	Medications: _____
Surgeries: _____	Allergies: _____
PAST FAMILY, SOCIAL, HISTORY (PFSH):	
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: <input type="checkbox"/> associations <input type="checkbox"/> processes <input type="checkbox"/> abstraction <input type="checkbox"/> computation 	
<ul style="list-style-type: none"> Description of associations (e.g., loose, tangential, circumstantial, intact): 	
<ul style="list-style-type: none"> Description of abnormal or psychotic thoughts (e.g., hallucinations, delusions, preoccupation with violence, homicidal or suicidal ideation, obsessions): 	
Suicidal ideation: <input type="checkbox"/> Present <input type="checkbox"/> Absent Homicidal ideation: <input type="checkbox"/> Present <input type="checkbox"/> Absent Violent ideation: <input type="checkbox"/> Present <input type="checkbox"/> Absent	
<ul style="list-style-type: none"> Description of patient's judgment and insight: 	
<ul style="list-style-type: none"> Orientation: 	
<ul style="list-style-type: none"> Memory (Recent/Remote): 	
<ul style="list-style-type: none"> Attention/Concentration: 	
<ul style="list-style-type: none"> Language: 	
<ul style="list-style-type: none"> Fund of knowledge: <input type="checkbox"/> intact <input type="checkbox"/> inadequate 	
<ul style="list-style-type: none"> 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:	Intervention/Psychotherapy
Rule outs:	Medication
Formulation:	Labs/Radiology/Tests/Consultation
	Other
<input type="checkbox"/> Greater than 50% of time spent in counseling/coordination of care (document)	

Physician Name (Print)

Physician Signature

Date and Time