

1. ID

Name: _____ Marital status: _____
 Sex: _____ Occupation: _____
 DOB: _____ Age: _____ Financial situation: _____

2. HPI ONSET, DURATION, COURSE

(Why present now/precipitants/stressors? When it started? How long it lasts/frequency? What is it like? Impact on life)

For episodic illnesses describe first episode:

1. Onset:
2. Precipitants:
3. Duration:
4. Rx response:

DEPRESSION ("Sigecaps")

Low mood for >2 weeks
 Sleep
 Interest
 Guilt/worthlessness
 Energy
 Concentration
 Appetite/weight Δ
 Psychomotor slowing
 Suicide:
 Hopelessness/Plan/Access

MANIA ("Giddiness")

Grandiose
 Increased activity
 goal-directed/high risk
 Decreased judgment
 Distractible
 Irritability
 Need less sleep
 Elevated mood
 Speedy talking
 Speedy thoughts

PSYCHOSIS

Hallucinations/illusions
 Delusions
 Self-reference:
 people watching you
 talking about you
 messages from media
 Thought blocking/insertion
 Disorganization:
 speech/behavior

PANIC ATTACKS

Trembling
 Palpitations
 Nausea/chills
 Choking/chest pain
 Sweating
 Fear:
 dying/going crazy
 Anticipatory anxiety
 Avoidance
 Agoraphobia

GENERALIZED ANXIETY

Excess worry
 Restless/edgy
 Easily fatigued
 Muscle tension
 ↓ sleep
 ↓ concentration

OBSESSIVE-COMPULSIVE DISORDER

Intrusive/persistent thoughts
 Recognized as excessive/irrational
 Repetitive behaviors:
 Washing/cleaning
 Counting/checking
 Organizing/praying

PTSD

Experienced/witness event
 Persistent re-experiencing
 Dreams/flashbacks
 Avoidance behavior
 Hyper-arousal:
 ↑ vigilance/ ↑ startle

SOCIAL PHOBIA

Performance situations:
 Fear of embarrassment
 Fear of humiliation
 Criticism

BORDERLINE PERSONALITY

Fear abandonment/rejection
 Unstable relationships
 Chronic emptiness
 ↓ self esteem
 Intense anger/outbursts
 Self-damaging behavior
 Labile mood and impulsivity

ANTISOCIAL PERSONALITY

Forensic history:
 arrests/imprisonment
 Aggressiveness/violence
 Lack of empathy/remorse
 Lack of concern for safety:
 self or others
 Childhood conduct disorder

BODY DYSMORPHIC DISORDER

Excess concern with appearance
 or certain part of body
 Avoidance behavior

EATING DISORDERS

Binging/purging/restriction/amenorrhea
 Perception of body image or weight

3. PSYCHIATRIC HX

Previous psychiatric Hx/Counseling/Suicide attempts/Violence:

Previous diagnoses:

Medications/Tx:

4. FAM PSYCHIATRIC HX

Psychiatric Dx/Visits/Counseling/Suicide attempts:

Substance use:

Suicide:

5. MEDICAL HX

Previous illnesses & treatment:

Surgeries/hospitalizations:

Head injury (+/- LOC) and workup/imaging:

Medications:

Alcohol use:

Substance use: (caffeine, nicotine, over-counter/illicit med/drugs)

6. SYSTEMS REVIEW

CNS:

H & N:

CVS:

RESP:

GI:

GU:

MSK:

DERM:

7. PERSONAL HX

Place of birth:

As a child: (family structure, parents' occupations, relationship with parents, siblings, friends, abuse)

As a teen: (friends, relationships, school, activities, sex, trouble, relationship with parents)

As an adult: (work, finances, education, relationships, family, goals for future, trends in functioning)

8. MSE

Appearance:

Behavior:

Speech:

Emotion: Affect and mood

Perception:

Thought process:

Thought content:

Concentration:

Memory:

Insight:

Judgment:

Suicide:

9. FOLSTEIN MMSE

Orientation: /10

Time: year
season
month
date
day

Place: floor
building
city
province
country

Immediate recall: /3

Attention: /5

Delay recall: /3

Naming: /2

Repetition: /1

3-stage command: /3

Reading: /1

Copying: /1

Writing: /1

Total: /30

10. IMPRESSION/FORMULATION BIOPSYCHOSOCIAL

11. MULTIAXIAL DIAGNOSIS

Axis I: Psychiatric disorder:

Axis II: Personality:

Axis III: Medical conditions:

Axis IV: Social factors:

12. PLAN

Investigations:

Treatment:

Biological:

Psychological: