

Psychiatric Evaluation

Patient Identification

Date of Evaluation: 01/03/2022

Time of Evaluation: 10:29 AM EST

Chief Complaint (Quoted, "In the patient's own words.")

asdasd

History of Present Illness (To include onset of illness and circumstances leading to admission.)

asdasd

Past Psychiatric History (To include prior precipitating factors, past diagnoses, course of treatment, past hospitalization or harm attempts.)

asdasdas

Drug / Alcohol Abuse History (To include drugs of choice, patterns of use, treatment history.)

adsdas

Past Medical History (To include chronic/acute illness, current medical treatment, past surgical procedures, recent hospitalization.)

asdasd

Social History (To include educational level, vocational/occupational/employment history/status, interpersonal relationships and supports.)

adasdsa

Family History (To include any psychiatric or substance history within the family.)

fam hx

Current Medications

asddasda

Constitutional Review

BP, HR (pulse), temperature reviewed in chart Height: Weight: 145 RR:

Musculoskeletal Examination: (Check Items)

Abnormal/Involuntary Movements:

None Tremors Spasm Tics

Strength:

Greater than antigravity (≥3/5) in all extremities

Weakness:

Muscle Tone:

No impairment Dystonia Hypertonic/Myoclonus Rigidity Flaccid

Gait:

Grossly normal Antalgic Limping In wheelchair Wide-based

Station:

Grossly normal Unsteady In wheelchair

Mental Status Examination: (Check Items)

General Appearance:

Well Groomed Disheveled Casual Bizarre Appears Stated Age Appears Older than Stated Age Appears Younger than Stated Age Other

Speech / Language:

Spontaneous Slow Rapid Slurred Rambled Mumbling Hesitant Halting Monotone Expressive Mute Loud Soft Other

Attitude / Behavior:	<input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Guarded <input type="checkbox"/> Irritable <input type="checkbox"/> Withdrawn <input type="checkbox"/> Indifferent <input type="checkbox"/> Other	
Mood:	<input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Hopeless <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Anxious <input type="checkbox"/> Elated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Fearful <input type="checkbox"/> Hopelessness <input type="checkbox"/> Other	
Affect:	<input type="checkbox"/> Full <input type="checkbox"/> Constricted <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Labile <input type="checkbox"/> Elated <input type="checkbox"/> Expansive <input type="checkbox"/> Congruent <input type="checkbox"/> Incongruent <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Euphoric <input type="checkbox"/> Blunted <input type="checkbox"/> Other	
Orientation:	<input type="checkbox"/> Time <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Situation	
Perception / Thought Content:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Delusions: <input type="checkbox"/> Obsessions: <input type="checkbox"/> Phobias: <input checked="" type="checkbox"/> Other:	
Risk Factors:	Suicidal: <input checked="" type="checkbox"/> Ideations <input type="checkbox"/> Intent <input type="checkbox"/> Plan <input type="checkbox"/> Denies Describe: N/A Homicidal: <input type="checkbox"/> Ideations <input checked="" type="checkbox"/> Intent <input type="checkbox"/> Plan <input type="checkbox"/> Denies Describe: N/A	
Thought Processes:	<input type="checkbox"/> Goal-oriented <input type="checkbox"/> Concrete <input type="checkbox"/> Circumstantial <input checked="" type="checkbox"/> Tangential <input type="checkbox"/> Other	
	WNL	How Tested / Assessed
Concentration/Attention Span:	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Impaired	<input checked="" type="checkbox"/> per observation and interview with the patient
Recent Memory:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Impaired	<input checked="" type="checkbox"/> 3 out of 3 in 3 minutes <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 out of 3 in 3 minutes <input type="checkbox"/> per patient interview
Remote Memory:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Impaired	<input checked="" type="checkbox"/> past events, as relates history <input type="checkbox"/> past events, as relate to history <input type="checkbox"/> per patient interview
Intelligence:	<input type="checkbox"/> Above <input checked="" type="checkbox"/> Below Average <input type="checkbox"/> Below <input type="checkbox"/> Average <input type="checkbox"/> AboveAverage <input type="checkbox"/> Based on History <input type="checkbox"/> Based on Vocab <input type="checkbox"/> Based on Content	<input type="checkbox"/> based on history <input type="checkbox"/> based on vocabulary <input type="checkbox"/> based on content <input type="checkbox"/> per patient interview
Judgement:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> per patient's behavior <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> per behavior/history of present illness <input type="checkbox"/> per patient interview
Insight:	<input checked="" type="checkbox"/> understanding severity of illness <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> understanding severity of illness/HPI <input type="checkbox"/> per patient interview

Patient Strengths:(Check 2 or more and then give patient-specific detail, explanation, description.)

- Steady employment, financial stability: asdasd
- Values and traditions:
- Motivation, readiness for change:
- Setting and pursuing goals, hopes, dreams, aspirations:
- Resources – social, interpersonal, monetary:
- Vocational interests, hobbies and/or talents:
- Interpersonal relationships and supports available – family, relatives, friends:
- Cultural/spiritual/religious and community involvement:
- Managing surrounding demands and opportunities:
- Exercising self-direction:
- Awareness of substance use issues:
- Knowledge of medications:
- Other (Please add any item not on the above list and elaborate checked areas.):

Patient Limitations:(Check 1 or more.)

Medication non-compliance Pathological/unsupported environment No interests Intellectual impairment Complicated medical illness Legal issues Lack of Social Supports Other

Admitting Diagnosis

asdasd

Initial Plan of Care and Medication Consent (as applicable) (Patient was provided with detailed information about 1) Proposed medications and dosage range and frequency. 2) The purpose of the treatment. 3) Common short- and long-term side effects of the proposed medication, including contraindications and clinically significant interactions with other medications)

asdadasda

Estimated Length of Stay (Number of days anticipated)

adasda

Initial Discharge Plan

Referred to therapist (specify):
 Home CMH PartialHospital Intensive Outpatient Residential Placement Other

Prognosis

Good Fair Guarded

Justification for Hospitalization: (Select from Inpatient or Partial Hospitalization.)

Inpatient Hospitalization - Check below:

- Hallucinations, delusions, agitation, anxiety, depression resulting in significant loss of functioning
- Dangerous to self, others or property with need for controlled environment
- Emotional or behavioral conditions and complications requiring 24 hour medical and nursing care
- Need for special drug therapy, or other therapeutic program requiring continuous hospitalization
- Failure of social or occupational functioning
- Inability to meet basic life and health needs
- Legally mandated admission
- Patient's occupation presents danger to public safety if they continue to use drugs or alcohol
- Biomedical conditions and complications requiring 24 hour medical and nursing care
- Recovery environment includes detrimental family structure, logical impediments to out-patient treatment
- High relapse potential due to inability to control substance use
- Needs treatment for acute intoxication or withdrawal
- Failure of treatment at a lower level of care
- Other

Partial Hospitalization - Check below:

- Hallucinations, delusions, agitation, anxiety, depression
- Emotional or behavioral conditions and complications
- Recovery environment includes detrimental family structure, logical impediments to out-patient treatment
- Need for special drug therapy, or other therapeutic program requiring less than 24 hour hospitalization
- Inability to meet basic life and health needs
- Patient's occupation presents danger to public safety if they continue to use drugs or alcohol
- Biomedical conditions and complications
- High relapse potential due to inability to control substance use
- Failure of social or occupational functioning
- Failure of treatment at a lower level of care
- Other

Joan Tarlton

Signed Off: 01/03/2022 10:31 AM EST

Initials: JT

Created: 10:29 AM EST

This document has been electronically signed by Joan Tarlton

Physician Signature: _____

Date: _____

Time: _____