1 = OFFICE 2 = OTHER FIELD 3 = IF NON-FACE-TO-FACE 4 = HOME 5 = SATELLITE 6 = SCHOOL (LOC IS 1 IF NOT SPECIFIED) Total Time: Service Type: MEDS VISIT Date: Face to Face: Location: **IDENTIFYING DATA: CHIEF COMPLAINT:** HX OF PRESENT ILLNESS: **PSYCHIATRIC HISTORY:** Inpatient: Outpatient: Past medications: Current medications: Suicidal/homicidal ideation/attempts: Physical/Sexual abuse: Substance abuse: MEDICAL HISTORY: Allergies: FAMILY HISTORY: SOCIAL/CULTURAL HX: NAME: ADULT PSYCHIATRIC EVALUATION DOB: **San Bernardino County**

DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information See W&I Code 5328

CHART NO:

PROGRAM:

1 = OFFICE 2 = OTHER FIELD 3 = IF NON-FACE-TO-FACE 4 = HOME 5 = SATELLITE 6 = SCHOOL (LOC IS 1 IF NOT SPECIFIED)

MENTAL STATUS:		[WNL = Within Normal Limits]	
Appearance/Hygiene:		WNL Disheveled Poor hygiene	
Behavior:			
		☐ Talks/smiles/laughs to self ☐ Other (specify):	
Speech:		☐ WNL ☐ Rapid ☐ Pressured ☐ Loud ☐ Slow ☐ Soft ☐ Other (specify):	
Mood/Affect:		☐ WNL ☐ Depressed ☐ Angry/irritable ☐ Anxious ☐ Flat/blunted ☐ Tearful ☐ Constricted/restricted	
		Labile Other (specify):	
Perceptual Process:		☐ WNL Hallucinations: ☐ Auditory ☐ Command in nature ☐ Visual ☐ Other (specify):	
Thought Process:		☐ WNL ☐ Loose ☐ Tangential ☐ Circumstantial ☐ Flight of ideas ☐ Disorganized ☐ Thought blocking	
Thought Content:		WNL Suicidal Ideation Homicidal Ideation	
		Delusions: Paranoid/persecutory Grandiose Religious Nihilistic Somatic Erotomanic	
Insight:	Good	☐ Fair ☐ Poor Memory: ☐ \	WNL Impaired: Immediate Recent Remote
Judgment:	Good	☐ Fair ☐ Poor ☐ Oriented X	4 OR NOT Oriented to Person Place Time Situation
DIAGNOSTIC IMPRESSION (see Diagnosis form in chart for client's official diagnosis): Put principle diagnosis on first line, and then include all other diagnoses below			
DSM-5/ICD-1		*	
TREATMENT PLAN / RECOMMENDATIONS:			
ADULT PSYCHIATRIC EVALUATION San Bernardino County DEPARTMENT OF BEHAVIORAL HEALTH			NAME:
			DOB:
	Confide	ntial Patient Information	CHART NO:
See W&I Code 5328			PPOGPAM:

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