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|-------|---------------|-------------|-----------|---------------------------------|
| Date: | Face to Face: | Total Time: | Location: | Service Type: MEDS VISIT |
|-------|---------------|-------------|-----------|---------------------------------|

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:

ADULT PSYCHIATRIC EVALUATION
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME:

DOB:

CHART NO:

PROGRAM:

| | |
|--|--|
| MENTAL STATUS: [WNL = Within Normal Limits] | |
| Appearance/Hygiene: | <input type="checkbox"/> WNL <input type="checkbox"/> Disheveled <input type="checkbox"/> Poor hygiene |
| Behavior: | <input type="checkbox"/> WNL <input type="checkbox"/> Uncooperative <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Withdrawn <input type="checkbox"/> Aggressive/agitated <input type="checkbox"/> Intrusive <input type="checkbox"/> Pacing |
| | <input type="checkbox"/> Talks/smiles/laughs to self <input type="checkbox"/> Other (specify): |
| Speech: | <input type="checkbox"/> WNL <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Slow <input type="checkbox"/> Soft <input type="checkbox"/> Other (specify): |
| Mood/Affect: | <input type="checkbox"/> WNL <input type="checkbox"/> Depressed <input type="checkbox"/> Angry/irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Flat/blunted <input type="checkbox"/> Tearful <input type="checkbox"/> Constricted/restricted |
| | <input type="checkbox"/> Labile <input type="checkbox"/> Other (specify): |
| Perceptual Process: | <input type="checkbox"/> WNL Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Command in nature <input type="checkbox"/> Visual <input type="checkbox"/> Other (specify): |
| Thought Process: | <input type="checkbox"/> WNL <input type="checkbox"/> Loose <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Disorganized <input type="checkbox"/> Thought blocking |
| Thought Content: | <input type="checkbox"/> WNL <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation: |
| | Delusions: <input type="checkbox"/> Paranoid/persecutory <input type="checkbox"/> Grandiose <input type="checkbox"/> Religious <input type="checkbox"/> Nihilistic <input type="checkbox"/> Somatic <input type="checkbox"/> Erotomanic |
| Insight: | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Judgment: | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Memory: <input type="checkbox"/> WNL Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote | |
| <input type="checkbox"/> Oriented X 4 OR NOT Oriented to <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> 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 | |
| <u>DSM-5/ICD-10 Code</u> | <u>DSM-5/ICD-10 Name</u> |
| _____ / _____ | |
| _____ / _____ | |
| _____ / _____ | |
| _____ / _____ | |
| _____ / _____ | |
| TREATMENT PLAN / RECOMMENDATIONS: | |

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|--|------------------|
| ADULT PSYCHIATRIC EVALUATION San Bernardino County DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information See W&I Code 5328 | NAME: |
| | DOB: |
| | CHART NO: |
| | PROGRAM: |