

# INITIAL PSYCHIATRIC EVALUATION

(To be used by MD/DO and NP)

For use during the initial medication evaluation with a client.  
Detailed history, assessment and decision-making is required for prescribing medication.

Date: \_\_\_\_\_

ID/Chief Complaint/Presenting Problem/Participant Goals: No Additional Information

Psychiatric History: No Additional Information

Current Psychiatric Medications (responses, side-effects):

Previous Psychiatric Medications (responses, side-effects):

Adherence to Medication:

Medication Allergies: None

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## Physical Health Information

See WelbeHealth Medical Record. Reviewed on:

Comments on Clinically Significant Medical Information:

Alcohol/Substance Abuse/Dependence (History and Current): No Additional Information

Alcohol    Marijuana    Hallucinogens    Psychostimulants    Opiates    Inhalants    Other \_\_\_\_\_

Family History (Psychiatric, Medical, Substance Abuse): No Additional Information

Psychosocial History/Developmental History: No Additional Information

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## Mental Status Exam

### GENERAL OBSERVATIONS

**Mental Status:** \_\_\_\_\_ year old Caucasian African-American Asian Hispanic Other: \_\_\_\_\_  
Female Male Other Unknown who appears Older Younger than their stated age.

**Hygiene:** Clean Disheveled Dirty Malodorous Other: \_\_\_\_\_

**Nutrition/Build:** Cathexic Thin Average Overweight Obese Other: \_\_\_\_\_

**Attire:** Appropriate Careless Bizarre Other: \_\_\_\_\_

**Eye Contact:** Appropriate Little Erratic None Other: \_\_\_\_\_

**Motor Activity:** Calm Catatonic Retarded Rigid Hyperactive Hypoactive Agitated Tremors Mechanical Mannerisms  
Tics **Fine Motor:** Intact Impaired Other Abnormal Movement: \_\_\_\_\_

**Speech:** Normal Incoherent Mute Soft Delayed Slowed Excessive Pressured Loud Slurred Stuttering  
Perseverating Dysarthric Responds only to questions Not receptive to language Bizarre Articulation Defects  
Other: \_\_\_\_\_

**Behavior:** Unremarkable Guarded Suspicious Evasive Belligerent Hostile  
Other: \_\_\_\_\_

**Response to Examiner:** Appropriate Friendly Cooperative Evasive Belligerent Indifferent Anxious Withdrawn  
Seductive Oppositional Aggressive Crying Temper Tantrum Other: \_\_\_\_\_

**Response to Caretaker:** N/A Appropriate Clinging Defiant Disobedient Demanding Not Observed  
Other: \_\_\_\_\_

### SENSORIUM AND INTELLECTUAL FUNCTIONING

**Orientation:** Oriented to: Time Place Person Purpose Disoriented to: \_\_\_\_\_

**Memory:** Unimpaired Impaired Immediate Recent Remote Other: \_\_\_\_\_

**Intellectual:** Vocabulary is Good Fair Poor Paucity of Knowledge: \_\_\_\_\_

**Mood:** Euthymic Depressed **Feeling:** hopeless worthless **Anxious with:** known stressor unknown stressor  
Euphoric Elated Angry Irritable Dysphoric Other: \_\_\_\_\_

**Affect:** Appropriate Labile Expansive Constricted Blunted Flat Other: \_\_\_\_\_

**Hallucinations:** Denies Auditory Auditory Command Visual Tactile Olfactory  
Other: \_\_\_\_\_

**Illusions:** Specify: \_\_\_\_\_

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## Mental Status Exam - Continued

### THOUGHT PROCESS DISTURBANCES: None Apparent

**Associations:** Goal Directed Loose Circumstantial Tangential Confabulations Flight of Ideas

Other: \_\_\_\_\_

**Concentration:** Intact **Impaired:** Minimal Moderate Severe Rumination Thought Blocking Fragmented

Other: \_\_\_\_\_

**Abstraction** Intact Concrete \_\_\_\_\_

**Judgement:** Intact **Impaired:** Minimal Moderate Severe

**Insight:** Intact **Impaired:** Minimal Moderate Severe

**Delusions:** None Stated Paranoid Persecutory Grandiose Somatic Religious Other: \_\_\_\_\_

**Ideations:** Bizarre Phobic Suspicious Irrational & Excessive Worry Inappropriate & Excessive Religiosity

Other: \_\_\_\_\_

### BEHAVIORAL DISTURBANCES: None Apparent Observed: \_\_\_\_\_

**Aggressive:** Violent Destructive Poor Impulse Control Manipulative Excessive Anger Hostile Antisocial

Demeaning Other: \_\_\_\_\_

**Passive:** Amotivational Isolative Withdrawn Avoidant Evasive Other: \_\_\_\_\_

**Other:** Disorganized Bizarre Compulsive Ritualistic Silly **Crying:** Excessive Inappropriate

### PHYSICAL MANIFESTATIONS OF PSYCHIATRIC ILLNESS:

**Observed:** Weight Gain Weight Loss Somatic Complaints Sleep Dysfunction Sexual Dysfunction Loss of Appetite

Increased Appetite Other: \_\_\_\_\_

**SUICIDAL/SELF-DESTRUCTIVE:** Denies Ideation Threatening Plan Past Attempts: \_\_\_\_\_

**HOMICIDAL/INTENT TO HURT OTHER:** Denies Ideation Threatening Past Violence: \_\_\_\_\_

Elaboration on any of the above:

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**Formulation:**

**Diagnosis:**

<b>Primary</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____
<b>Sec</b>	Code _____	Nomenclature _____

**Intervention/Plan/Clinical Decision Making/Counseling Provided/Recommended Consultations** (Include explanation of changes in Plan and/or Medication):

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**Laboratory Tests Ordered:**

CBC    CMP      Electrolytes      Lipids      Glucose      HgbA1C      Tox Screen      Med Levels      TFTs

None/Explain:

Other/Details:

**Medication(s) Prescribed:**

Name	Dosage	Route of Administration	Frequency	Amount	# of Refills

**Continued** (Sign & complete information on [Medication Note Addendum](#))

\_\_\_\_\_  
Signature & Discipline

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-signature & Discipline

\_\_\_\_\_  
Date

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