CORE
PSYCHIATRY

Psychiatry Note Template

CC	["in the patient's words"]
HPI	- What brought the patient to the ED/inpatient unit/outpatient clinic - Patient's psychosocial and environmental conditions. Previous episodes - Vegetative symptoms [sleep, appetite, concentration] - Clinically significant distress/impairment in social, occupational, or areas of functioning - Relation between physical and psychological symptoms - Psychotic symptoms [auditory or visual hallucinations] - Baseline of mental health [level of functioning] - Substance abuse
Past Psych History	[Suicide attempts, current psychiatrist, prior hospitalizations, caregiver/guardian, substance abuse, prior medication trial]
PMH/PSH	[Past psych diagnoses, include developmental hx, prior hospitalizations, medical diagnoses/ hospitalization/ surgeries]
Medication	Dosing Allergies/ adverse drug reactions:
Family Hx	[Mental illness, addiction, etc]
Social Hx	[Employment, education, residence, family. Legal hx. Trauma/abuse. Sexual hx. Military service. collaterals and other contacts]
Objective	ROS: Physical Exam: Vital Signs: QTc: (If on antipsychotics) Labs: Imaging:
Mental Status Exam	Mental Status Exam: (see full mental status exam) - Gen: [acute distress. Diaphoresis.] - Appearance: [Well groomed. Disheveled. Malodorous] - Alert and oriented to: [Person, Place, and Time] - Behavior/demeanor: [Cooperative/uncooperative. Pleasant.] - Psychomotor: [Tremors, tics, or abnormal movements?] - Eye contact: [Appropriate. Downward gaze. Closed] - Speech: [rate and rhythm. Sensical. Clear?] - Mood: [patient's own words] - Affect: [Full range. Flat. mood congruent?] - Thought process: [Organized, disorganized, flight of ideas, tangential?] - Thought content: [SI/HI, delusions, paranoia?] - Perception: [A/V/O/T/G hallucinations?]

	- Insight: [good, fair, poor] - Judgement: [good, fair, poor] - LTM (long term memory): - STM (short term memory): -Strength: [Bilateral upper and lower extremities 5/5, other] - Pupils: [PERRLA, other]
Themes of the Interview	Themes of Interview: [suicidality, homicidality, addiction, etc]
Impression	[This is a _____ y/o _____ who presents with _____]
Diagnosis and Classification	- Axis I: all diagnoses of mental illness - Axis II: personality disorders and developmental disorders (MR) - Axis III: general medical conditions - Axis IV: psychosocial and environmental problems - Axis V: global assessment function (GAF)
Recommendations and Plan	- Admit to [psych unit] on a [voluntary/involuntary] status - The patient will be oriented to the milieu - The level of observation will be [15 minute checks, 5 minute checks, one-to-one sitter] - The privilege level will be unit restriction - Collateral information will be sought out - Continue or start psych medication with doses and intervals - Patient will have a physical exam within 24 hours of admission to the unit
Suicide Risk Assessment	Suicide Risk Assessment and Assessment for observation Level: I have reviewed the C-SSRS completed in admissions and believe that based upon that assessment the patient represents a [low, moderate, high] risk of harm to [himself/herself] at this time. In addition to the risk of suicide, I believe the patient represents a [low, moderate, high] risk of harm to others based upon their [history of aggression, endorsing HI/VI, etc]. Due to these risks, I believe the patient is appropriate for [15 min checks, 5 min checks, a one-to-one sitter]