

Psychiatric Evaluation

Patient's Name

Date of Birth

Accompanied by

Chief complaint: _____

1. Symptoms. Check and describe all that apply:

- Sleep _____
- Interests _____
- Guilt _____
- Energy _____
- Appetite _____
- Concentrating _____
- Suicidal ideation _____
- Homicidal ideation _____
- _____
- _____
- _____

2. Behaviors. Patient has a history of (check all that apply):

- Lying.
- Stealing.
- Physical aggression.
- Firesetting.
- Truancy.
- Forced sexual conduct.
- Cruelty to animals.
- Running away.
- Oppositional or defiant behavior.
- Drug use.

Details of Selected Behaviors

Stressors

3. Medical History.

Allergies

Medications

Medical and Surgical History

4. Family History.

5. Social History.

The patient has or had problems with any of the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy, labor, or delivery. | <input type="checkbox"/> Smoking. |
| <input type="checkbox"/> School. | <input type="checkbox"/> Alcohol. |
| <input type="checkbox"/> Work. | <input type="checkbox"/> Drugs. |
| <input type="checkbox"/> Friends. | <input type="checkbox"/> Physical or sexual abuse. |

Details of Problems Selected

Long Term Goals

Interests

6. Mental Status Examination.

<hr/> <p>Mood</p> <hr/>	<hr/> <p>Judgment</p> <hr/>
<hr/> <p>Speech</p> <hr/>	<hr/> <p>Insight</p> <hr/>
<hr/> <p>Thought</p> <hr/>	<hr/> <p>Intelligence</p> <hr/>
<hr/> <p>Memory</p> <hr/>	<hr/> <p>Abstraction</p> <hr/>

Diagnosis

Prognosis

Recommendations