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| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| History | |
| CHIEF COMPLAINT/REASON FOR ENCOUNTER: | |
| HPI *(1-3 elements - Brief; 4+ elements – Extended )* Elements: Location, Quality, Severity, Duration, Timing, Content, Modifying Factors, Associated Signs & Symptoms | |
| **Past, Family, Social History (PFSH) \_\_\_** Check if no change ***(1 history area – Pertinent; 2-3 history areas – Complete)*** | |
| **Review of Systems & ACTIVE MEDICAL PROBLEMS NOTES IF POSITIVE**  ***(1 system - Problem Pertinent; 2-9 systems – Extended; 10 or more systems or some systems noted as ”all others negative”- Complete)***  1. Constitutional pos\_\_\_ neg \_\_\_  2. Eyes pos\_\_\_ neg \_\_\_  3. Ears/Nose/Mouth/Throat pos\_\_\_ neg\_\_\_  4. Cardiovascular pos\_\_\_ neg\_\_\_  5. Respiratory pos\_\_\_ neg\_\_\_  6. Gastrointestinal pos\_\_\_ neg\_\_\_  7. Genitourinary pos\_\_\_ neg\_\_\_  8. Muscular pos\_\_\_ neg\_\_\_  9. Integumentary pos\_\_\_ neg\_\_\_  10. Neurological pos\_\_\_ neg\_\_\_  11. Endocrine pos\_\_\_ neg\_\_\_  12. Hemotologic/Lymphatic pos\_\_\_ neg\_\_\_  13. Allergies/Immune pos\_\_\_ neg\_\_\_ | |
| PSYCHIATRIC SPECIALTY EXAMINATION | |
| *(1-5 bullets- Problem Focused; at least 6 bullets Expanded Problem Focused; at least 9 bullets - Detailed; all bullets- Comprehensive Exam)* | |
| Vital Signs (any 3 or more of the 7 listed): Patient personally examined:  **\_\_** Yes  **\_\_** No Blood Pressure: (Sitting/Standing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supine) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_\_\_ Pulse (Rate/Regularity) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Height \_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_ | |
| * General Appearance and Manner: (e.g., development, nutrition, body habitus, deformities, attention to grooming) | |
| * Musculoskeletal: \_\_Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) (note any atrophy or abnormal movements)   (and/or) \_\_Examination of gait and station | |
| Speech: Check if normal:\_\_\_rate\_\_volume\_\_articulation\_\_coherence\_\_spontaneity (note abnormalities; e.g., perseveration, paucity of language) | |
| * Thought processes: Check if normal: \_\_associations\_\_processes\_\_abstraction \_\_computation | |
| * Description of associations (e.g., loose, tangential, circumstantial, intact): | |
| * Description of abnormal or psychotic thoughts (e.g., hallucinations, delusions, preoccupation with violence, homicidal or suicidal ideation, obsessions):   Suicidal ideation: \_\_ Present\_\_ Absent Homicidal ideation: \_\_Present \_\_ Absent Violent ideation: \_\_Present \_\_ Absent | |
| * Description of patient’s judgment and insight: | |
| * Orientation: | |
| * Memory (Recent/Remote): | |
| * Attention/Concentration: | |
| * Language: | |
| * Fund of knowledge: \_\_intact \_\_inadequate | |
| * Mood and affect: | |
| * Other Findings (e.g. cognitive screens, etc.): | |
| **MEDICAL DECISION MAKING** | |
| **Diagnoses** | **Data** |
| Axis I-V:  Rule outs: | Medical Records/Labs/Diagnostic Tests Reviewed |
| Formulation |
| **Problem/Condition** | **Treatment Plan** |
| Problem/Condition: \_\_\_New \_\_\_Established  Status: \_\_\_Improving \_\_\_Worsening  Comorbidities:  \_\_\_Stable \_\_\_Complications/side effects  \_\_\_Independent management required  \_\_\_ Interference with management of primary condition(s) | Intervention/Psychotherapy |
| Medication |
| Labs/Radiology/Tests/Consultation |
| Other |
| \_\_Greater than 50% of time spent in counseling/coordination of care (document) | |
| **PSYCHOTHERAPY, if performed, should be documented separately** | |

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Physician Name (Print) Physician Signature Date and Time