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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  **\_\_** NoBlood 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 \_\_\_EstablishedStatus: \_\_\_Improving \_\_\_WorseningComorbidities:\_\_\_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