

PSYCHIATRY CASE CLERKING

IDENTIFICATION DATA

DATE :

Name :
Age :
Race :
Marital status :
Occupation :
Place of stay :
Education level :
Contact no. :

CHIEF COMPLAINT	
<p>HISTORY OF PRESENT ILLNESS</p> <ol style="list-style-type: none"> Symptoms <ul style="list-style-type: none"> - duration - mode of onset - acute/gradual Relation between symptoms and <ul style="list-style-type: none"> Physical problem Psychological stressor Social stressor Sleep pattern Appetite & weight Sexual drive Behaviour, toilet habits, personal hygiene <ul style="list-style-type: none"> Menstrual disturbances Aggressive behaviour Perpetuating/ relieving factor Ability to work, social function, study, relationship Symptoms Progression Treatment from whatever source 	
PAST PSYCHIATRIC HISTORY	
PAST FORENSIC / CRIMINAL HISTORY	
PAST MEDICAL / SURGICAL HISTORY	

FAMILY HISTORY	
PERSONAL HISTORY Birth Developmental Childhood Education Performance Work history Marital history Social habits	
DRUG HISTORY	
PREMORBID PERSONALITY	
GENERAL APPEARANCE & BEHAVIOR	
SPEECH	
MOOD & AFFECT	
PERCEPTUAL DISTURBANCE	
THOUGHT DISORDER	
SUICIDAL / HOMICIDAL	
ORIENTATION T/P/P	
INSIGHT	
DASS SCORE	

PHYSICAL EXAMINATION

General condition.
 Smell – alcohol/gum etc
 Tremors –include EPS
 Ext.injuries :
 Laceration/bruises/cuts/heamotoma
 Puncture marks
 Thyroid enlargement
 Catatonic postures
 Parkinsonisme

CVS

RESPIRATORY

ABDOMEN

LYMPH NODES

Vital signs

BP

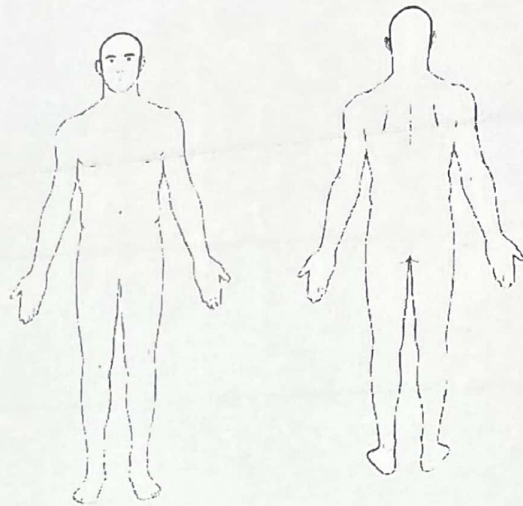
HR

RR

T

Pupils

EXTERNAL EXAMINATION



NEUROLOGICAL EXAMINATION

Cranial Nerves

Neuromuscular:

Upper Limbs

Lower Limbs

Tone (clonus)
 Power
 Sensation
 Reflex
 Plantar reflex
 Cerebellar signs

INVESTIGATIONS

PROVISIONAL DIAGNOSIS

PLAN