



History taking in Psychiatry & Mental State Examination

**Dr. Janaka Pushpakumara
Department of Psychiatry
FMAS/RUSL**

History taking in Psychiatry



Illness

Healthy person



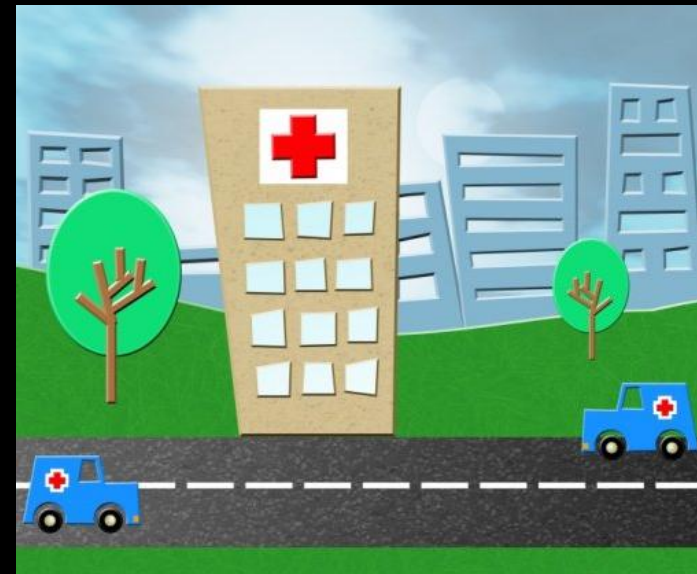
Home



Patient



Hospital



Health Care System

Healthy person



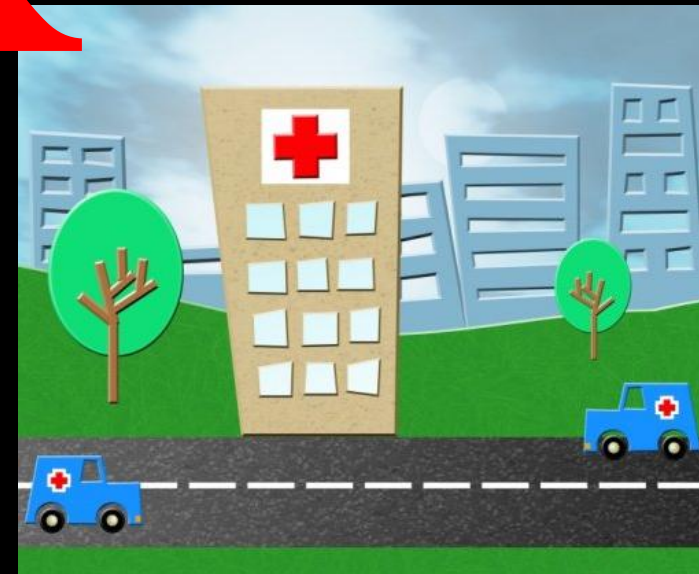
Home



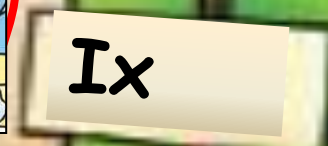
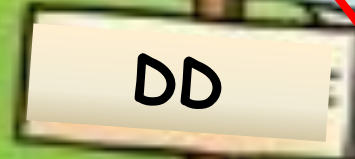
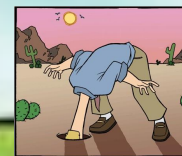
Patient



Hospital



Process of Management



In Psychiatry

Most of the diagnostic information

coming from the History and

Observation of patients' appearance

and behaviour.

Very Important

```
graph TD; A([Very Important]) --> B([History]); A --> C([Observation]);
```

The diagram consists of three ovals. A central orange oval at the bottom contains the text 'Very Important'. Two arrows originate from this central oval: one points upwards and to the left to a pink oval containing the word 'History', and the other points upwards and to the right to a pink oval containing the word 'Observation'. The word 'Observation' is part of a larger sentence structure that includes 'of patients\' appearance and behaviour.', where 'appearance' and 'behaviour' are underlined.

History taking in Psychiatry



1. Personal Data:

Name, age, marital status,
occupation, address.

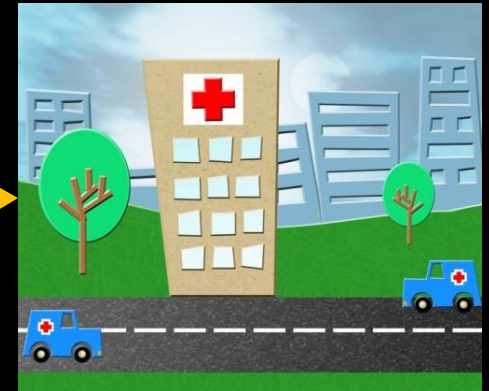
2. Informant:

Name, relationship to patient and
your impression of the informant's
reliability

History taking in Psychiatry Cont.

3. Reason for referral :

the immediate reason which caused the patient to seek treatment /be brought to hospital



History taking in Psychiatry Cont.



4. Presenting complaints and duration:

The Symptoms (in brief) and
their duration



History taking in Psychiatry Cont.



5. History of presenting complaints:

- A description of the symptoms and their duration, including:
- how the symptoms began, and how the symptoms changed with time (e.g. Increasing gradually or stepwise /remained the same/episodic in nature)

History taking in Psychiatry Cont.

5. History of presenting comp.

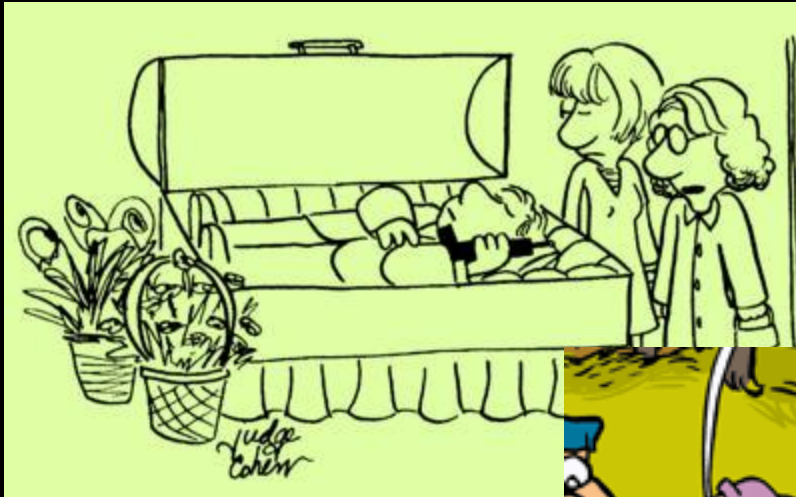


- Changes in biological functions (e.g. Sleep, appetite, weight)
- affect of symptoms on patient's relationships, day to day activity and work
- association between symptoms and any stressors or life events
- Any other relevant information

History taking in Psychiatry Cont.

6. Stressors :

Psychological or Physical



History taking in Psychiatry Cont.



7. Family history:

- age and occupations of parents and the parent's relationship with one another
- general information about siblings
- the patient's relationship with his parents and siblings
- social standing of the family
- history of psychiatric illness, suicide or substance misuse in the family
- Any other relevant information

History taking in Psychiatry Cont.

8. Personal history:

- Antenatal and birth history
- Early developmental history
- Health in childhood
- Occupational history
- Marital history
- Sexual history



History taking in Psychiatry Cont.

9. Substance use:



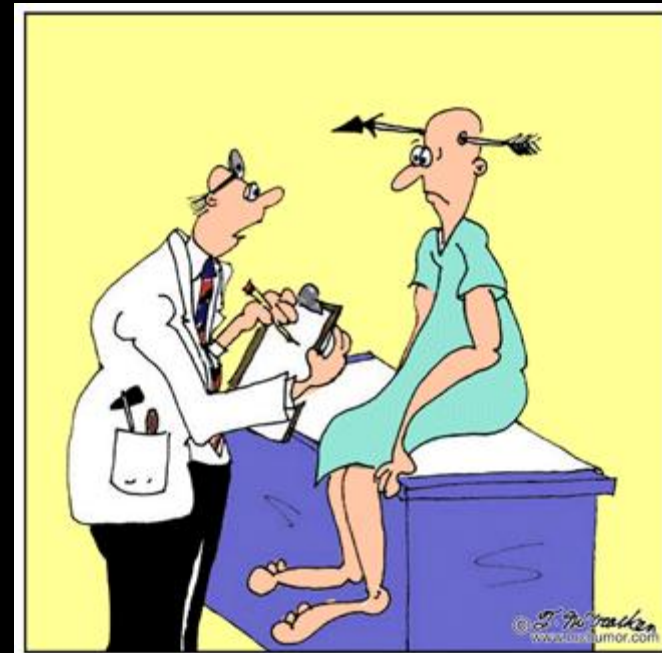
- History of substance use : alcohol, nicotine, cannabis, other drugs of use
- Duration of use : amount used at present and frequency of use
- Associated problems (e.g. legal/financial/social problems secondary to substance misuse)



History taking in Psychiatry Cont.



10. Past medical/surgical history:



History taking in Psychiatry Cont.

11. Past psychiatric history:



- Does the patient have a past history of psychiatric illness? When?
- Was the illness episodic? Or was the patient continuously unwell?
- Nature of treatment received, and response to treatment? why ?
- Drug adherence?



History taking in Psychiatry Cont.



12. Forensic history:



History taking in Psychiatry Cont.

13. Premorbid personality:



- This is an attempt to get an idea about what sort of a person the patient was before he fell ill.

History taking in Psychiatry Cont.

13. Premorbid personality: Cont.



Inquiry about the following features

- Relationships:
- Leisure activities:
- Character:
- Attitudes and standards:
- Prevailing mood:

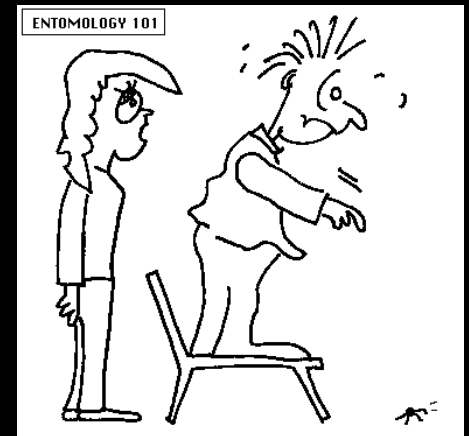
Mental State Examination

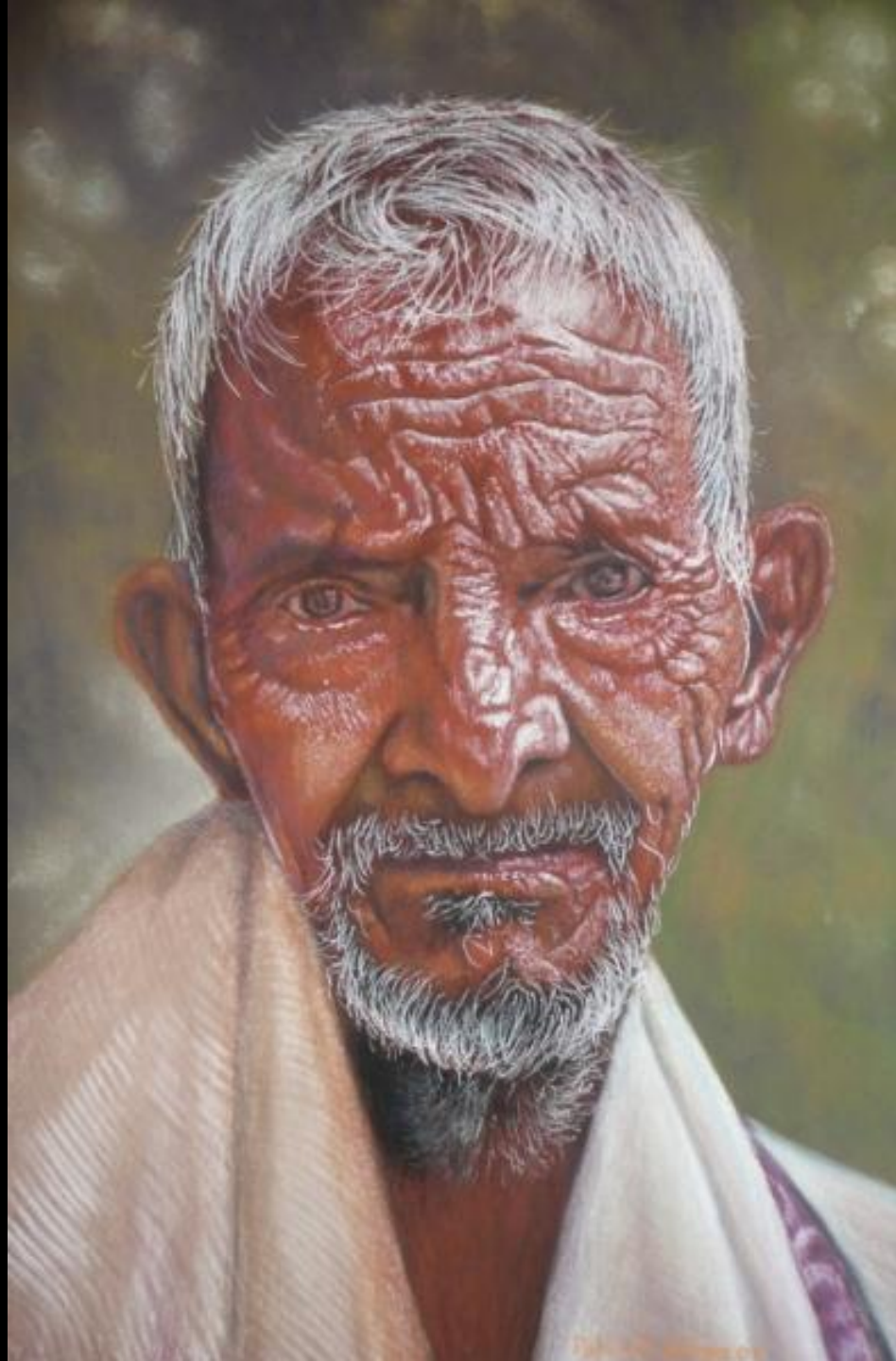


History taking in Psychiatry Cont.

1. Appearance and behavior:

- General appearance
- Posture and movement
- Attitude towards examiner





History taking in Psychiatry Cont.

2. Speech:

- Rate of speech
- Flow of speech
- Content of Speech
- Volume



History taking in Psychiatry Cont.

3. Mood:

- Anxious
- Depressed
- Elated
- Irritable
- Angry



History taking in Psychiatry Cont.

4. Content of Thought:

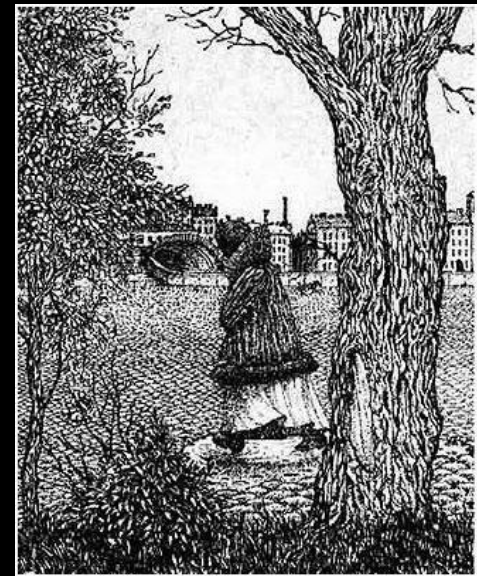
- Pre occupations and/or worries?
- Ideas and plans of suicide?
- Ideas and plans of suicide?
- Obsessional ideas/impulses/images and compulsive rituals?
- Delusions/overvalued ideas?



History taking in Psychiatry Cont.

5. Disorders of Perception:

- Hallucinations - auditory, visual, olfactory, gustatory, tactile
- Illusions



History taking in Psychiatry Cont.

6. Cognitive Functions:



- Level of Consciousness
- Orientation in time, place and person
- Attention and concentration
- Memory - short term and long term
- Intelligence

History taking in Psychiatry Cont.



7. Patient understands of illness/Insight:



Thank You..!

