

08/04/25

The following outline is to be utilized when you are interviewing the “mock” patients in the lab. Good Luck!

1. Identifying Data:
2. Chief Complaint:
3. Sources of information:
4. Psychiatric History
  - a. Present Illness
    - a. Please discuss in detail the current psychiatric illness
    - b. If on meds currently for psych issues be sure to include them and their doses here.
  - b. Past Psychiatric history:
    - a. When discussing key findings from the past psychiatric illness, be sure to cover substance abuse.
    - b. List/discuss illicit substances used.
    - c. Include psychiatric medications prescribed in the past and doses.

5. Past Medical Illness
  - a. Include ROS here
  - b. Include drugs prescribed for medical illnesses and dosages
  - c. List all medical issues under treatment
6. Social History
  - a. Educational information
    - a. For example, how did patient do in HS?
  - b. Occupational Status
    - a. Include current / prior jobs
  - c. Marital
  - d. Sexual History
  - e. Family (children)
  - f. Legal Issues
    - a. DUIs
    - b. Arrests
  - g. Family History
    - a. Psychiatric Issues
    - b. Suicide
    - c. Substance abuse
    - d. Mood swings/disorders
    - e. Hospitalizations

## II. The Mental Status Examination

1. Appearance
  - a. clothing
  - b. grooming
  - c. scars
2. Behavior
  - a. restless
  - b. hostile
  - c. abnormal movements
  - d. level of consciousness
3. Attitude toward examiner
4. Psychomotor activity
  - a. retardation
  - b. agitation
5. Speech
  - a. pressured
  - b. slow
6. Mood Assessment
  - a. Depression
    - i. Hopelessness
    - ii. Appetite
    - iii. Sleeping
    - iv. Energy
    - v. Concentration ability

- vi. Thoughts or Plans to hurt yourself now or in past (suicide)
  - a. Be sure to follow up a positive response
- vii. Thoughts of hurting others now or in past (homicide)
  - a. Be sure to follow up a positive response
  - b. Euphoria: rule in or out mania
- 7. Anxiety
- 8. Affect
- 9. Perceptual Disturbances
  - a. Hallucinations
- 10. Thought Process/Disorders
  - a. Loose Associations/derailment
  - b. Tangential thinking
  - c. Circumstantial thinking
  - d. Blocking
  - e. Perseveration
  - f. Echolalia
  - g. Flight of ideas
  - h. Clang Associations
- 11. Thought Content Disorders

- a. Delusions
  - i. Thought insertion
  - ii. Thought broadcasting
  - iii. Ideas of reference
- 12. Obsessions
- 13. Compulsions
- 14. Assessment of Insight
- 15. Assessment of Judgment
  - a. What would you do if you saw a stamped sealed addressed envelope in the street?
  - b. What would you do if you saw a fire break out in a crowded movie theater and you could not extinguish it by yourself?
- 16. Assessment of Intelligence
  - a. Abstract vs. Concrete thinking
    - i. Proverb Interpretations
    - ii. How are tree and fly alike?
    - iii. Go backwards starting from current US President.
- 17. Orientation
- 18. Registration
  - i. Repeat 3 things immediately
- 19. Attention/calculation

- i. Serial sevens (starting from 100)
  - ii. Spell “world” backwards
- 20. Recall (several minutes after #19.
  - i. Repeat same 3 items as in #19 above

III. Assessment/Summary of the Case

- 1. Briefly discuss key elements of interview (historical information) as well as a
- 2. Discussion of Mental Status Exam (MSE) findings and
- 3. A discussion of Lab and Physical Exam findings, if performed

IV. Formulate a differential Diagnosis

V. Provide a **DSM V** Diagnosis

VI. Develop a Treatment Plan

- i. Try to be as comprehensive as possible, such as:
  - a. CBC, UA, thyroid function tests
  - b. Increase dose of Olanzapine to 10 mg. daily

- c. Have the patient attend substance abuse treatment
    - d. Consider family therapy
    - e. Call 911 to have her hospitalized.
  - ii. Include timeframes in your treatment plan. (For example Ms. X should come back in 14 days to discuss lab findings and check progress since recent antipsychotic dose increase).
2. Prognosis for the patient.
- i. For example: excellent, good, fair, and poor. Please include why you feel this is the case.