PSYCHIATRIC EVALUATION

MEDININ

Date:

Referral:

Patient Name:

Accompanied by:

CHIEF COMPLAINT:

SYMPTOMS

Sleep:

Interests:

Guilt:

Energy:

Concentrating:

Appetite:

Suicidal Ideation:

Homicidal Ideation:

Mood (range 0–10):

BEHAVIORS

Patient history of...

- [ ] Lying
- [ ] Stealing
- [ ] Physical Aggression
- [ ] Fire Setting
- [ ] Truancy
- [ ] Forced Sexual
- [ ] Cruelty - Animals
- [ ] Running away
- [ ] Oppositional/Defiant
- [ ] Drugs

Details of behaviors selected:

Stressors:

HISTORY OF CHIEF COMPLAINT:

MEDICAL HISTORY

Allergies:

Medications:

Medical History:

Surgical History:

Head Trauma/Loss of Consciousness:

FAMILY HISTORY

Father:

Mother:

Paternal Grandfather/Grandmother:

Maternal Grandfather/Grandmother:

Maternal Aunts/Uncles:

Paternal Aunts/Uncles:

SOCIAL HISTORY

Social Summary:

Problems with any of the following:

- [ ] Pregnancy/Labor/Delivery
- [ ] Developmental Delays
- [ ] School
- [ ] Work
- [ ] Friends
- [ ] Smoking
- [ ] ETOH
- [ ] Drugs
- [ ] Physical/Sexual Abuse
- [ ] Gangs
- [ ] Legal

Details of problems selected:

WORRIES:

WISHES:

PEERS:

Interests:

Long Term Goal:

Sexual Oreintation:

- ( ) Heterosexual
- ( ) Homosexual
- ( ) Bisexual
- ( ) Undecided

Sexually Active:

Mental Status Examination

Affect

Mood:

Speech:

Thought:

Memory

Judgement:

Insight:

Intelligence:

DIAGNOSIS:

Abstraction:

PROGNOSIS:

RECOMMENDATIONS: