

PSYCHOLOGIST CONSULTATION / FOLLOW-UP

Patient Name: _____ Facility: _____ Date: _____

Subjective:

(Chief Complaints _____

Presenting Problems _____

and History) _____

MENTAL STATUS EXAMINATION

Objective:

Staff / Other Sources Reported

Aggressive Behavior: ☐ Physical ☐ Verbal ☐ Gestures ☐ Threatening Behaviors _____

General Appearance: ☐ Well Groomed ☐ Fairly Groomed ☐ Poorly Groomed ☐ Disheveled _____

Treatment & Compliance: ☐ Acceptable ☐ Low Motivation ☐ Resistive ☐ Argumentative ☐ Exit Seeking _____

Inappropriate Behavior: ☐ No ☐ Yes _____

Attitude: ☐ Cooperative ☐ Uncooperative ☐ Marginally Cooperative ☐ _____

Speech: ☐ Intact ☐ Pressured ☐ Hyperverbal ☐ Loud ☐ Slow ☐ Unintelligible

☐ Yelling Out ☐ Perseverative _____

Verbal Abilities: ☐ **Receptive Language** ☐ Sufficient ☐ Impaired **Expressive Language** ☐ Sufficient ☐ Impaired

Communication: ☐ Verbal ☐ Non-verbal ☐ Minimally Verbal ☐ Withdrawn ☐ Avoidant ☐ Evasive _____

Perceptual Disturbances: ☐ None ☐ Hallucinations ☐ Visual ☐ Auditory ☐ Command ☐ Tactile ☐ Olfactory _____

Level of Consciousness: ☐ Alert ☐ Confused ☐ Drowsy ☐ Somnolent ☐ Fluctuating _____

Thought Process: ☐ Linear ☐ Disorganized ☐ Fragmented ☐ Racing ☐ Circumstantial ☐ Tangential ☐ Blocking

Thought Content: ☐ Normal ☐ Delusions ☐ Persecutory ☐ Grandiose ☐ Religious ☐ Self-Referential

☐ Poverty of Content

Mood: ☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Angry ☐ Tearful ☐ Elated ☐ Labile

Affect: ☐ Appropriate ☐ Flat ☐ Blunted ☐ Expansive ☐ Agitated _____

Harmfulness: ☐ Self ☐ Others ☐ _____ ☐ Negative Statements

Attention/Concentration: ☐ Good ☐ Fair ☐ Poor _____

Orientation: ☐ Time ☐ Place ☐ Person ☐ Situation ☐ Disoriented _____

Insight & Judgment: ☐ Good ☐ Fair ☐ Poor _____

Sleep Disturbance: ☐ No ☐ Yes ☐ Describe: _____ ☐ Sleep Apnea ☐ Narcolepsy

Appetite Change: ☐ No ☐ Yes ☐ Describe: _____ ☒ Tobacco Screen ☐ Tele Health

Assessment:

Diagnostic Impression: _____

Plan:

Current Medication: _____

Discussion and Treatment Considerations: ¹ _____

Signature: _____

Norman Hendricksen, Ph.D.

¹If in agreement with PCP, Risk-Benefit Analysis, IDT. RP