

Psychologist Consultation / Follow-Up

Patient Name	Facility	Date
Lastname, Firstname	TestFacility	01/01/1950

Subjective (Chief Complaints, Presenting Problems, and History):
Insert eval here

Objective (Staff / Other Sources Reported)		Mental Status Examination			
Aggressive Behavior	Physical <input checked="" type="checkbox"/>	Verbal <input type="checkbox"/>	Gestures <input type="checkbox"/>	Threatening Behaviors <input type="checkbox"/>	
General Appearance	Well Groomed <input checked="" type="checkbox"/>	Fairly Groomed <input type="checkbox"/>	Poorly Groomed <input type="checkbox"/>	Disheveled <input type="checkbox"/>	
Treatment & Compliance	Acceptable <input checked="" type="checkbox"/>	Low Motivation <input type="checkbox"/>	Resistive <input type="checkbox"/>	Argumentative <input type="checkbox"/>	Exit Seeking <input type="checkbox"/> Wandering <input type="checkbox"/>
Inappropriate Behavior	Inappropriate Behavior <input type="checkbox"/>		Describe:		
Attitude					
Speech					
Verbal Abilities					
Communication					
Perceptual Disturbances					
Level of Consciousness					
Thought Process					
Thought Content					
Mood					
Affect					
Harmfulness					
Attention & Concentration					
Orientation					
Insight & Judgment					
Sleep Disturbance					
Appetite change					