Psychologist Consultation / Follow-Up

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

Subjective (Chief Complaints, Presenting Problems, and History):

Insert eval here

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 ☐   Wandering ☐

Inappropriate Behavior   Inappropriate Behavior ☐   Describe: test describe text

Attitude   Cooperative ☑   Uncooperative ☐   Marginally Cooperative ☐   Describe: test describe text

Speech   Intact ☑   Pressured ☐   Hyperverbal ☐   Loud ☐   Slow ☐   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Communication   Verbal ☑   Non-verbal ☐   Minimally Verbal ☐   Withdrawn ☐   Avoidant ☐   Evasive ☐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 ☐   Describe: test describe text

Attention & Concentration   Good ☑   Fair ☐   Poor ☐

Orientation   Time ☑   Place ☐   Person ☐   Disoriented ☐

Insight & Judgment   Good ☑   Fair ☐   Poor ☐

Sleep Disturbance   Disturbance ☑   Apnea ☐   Narcolepsy ☐   Nightmares ☐   Hypnagogic / Hypnopompic Hallucinations ☐

Appetite change   No ☑   Yes ☐   Describe: test describe text   Tobacco Screen ☐   Tele-Health ☐

Assessment:

Diagnostic Impression:

Insert diagnostic impression text here

Plan:

Current Medication:

Insert current medication text here

Discussion and Treatment Considerations:

Insert discussion and treatment consideration text here. Also, test the word wrap functionality to ensure the maximum width of the available space is being filled.

Signature: **Norm Hendricksen**

Norman Hendricksen, Ph.D.   [1] If in agreement with PCP, Risk-Benefit Analysis, IDT, RP