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|  | MEDICALLY ASSISTED THERAPY  PSYCHIATRIC ENCOUNTER FORM | FORM 3J VER. APRI 2022 |

**1.SOCIAL-DEMOGRAPHIC DETAILS**

|  |  |  |
| --- | --- | --- |
| **MAT ID** | **DATE OF BIRTH** | **AGE** |
| **NAME** | **MARITAL STATUS** | **SEX:**  🞏MALE 🞏FEMALE |
| **OCCUPATION** | **RELIGION/SPIRITUAL BELIEF** | |
| **DATE OF CONSULTATION** |  | |
| **REFERRAL;**  🞏Self 🞏Peer educators 🞏Relatives/Friends 🞏Healthcare workers 🞏CSO Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **ACCOMPANYING TREATMENT SUPPORTER** 🞏Yes 🞏No | Relationship: | |

**2.PRESENTING COMPLAINTS** (chronological order}

|  |  |
| --- | --- |
| **FROM PATIENT** | **CORROBARATIVE HISTORY** |
|  |  |
| **HISTORY OF PRESENTING ILLNESS** | |

**3.PAST PSYCHIATRIC HISTORY:**

**4: PAST MEDICAL AND SURGICAL HISTORY**

5: SUBSTANCE USE HISTORY

**6. FAMILY HISTORY:**

**7. PERSONAL HISTORY:**

|  |  |  |
| --- | --- | --- |
| ANTENATAL AND BIRTH HISTORY | | |
| EARLY DEVELOPMENT | | |
| CHILDHOOD | | |
| EDUCATION HISTORY | | |
| OCCUPATION HISTORY | | |
| SEXUAL HISTORY | | |
| PREMORBID HISTORY | | |
| FORENSIC HISTORY | | |
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**9. EXAMINATIONS**

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| PHYSICAL EXAMINATION Form 3A |
| MENTAL STATUS EXAMINATION *(Appearance and behavior, Mood and effect, Speech, Thought, perception, Memory, Cognition, Insight)*  PASTE SEC 16 FROM FORM 3A 14 |
|  |

**9. DIAGNOSIS**

**10. Management Plan (Biopsychosocial & Spiritual**

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**11. PSYCHIATRIC FOLLOW UP VISIT**

|  |  |  |
| --- | --- | --- |
| Date of Visit | Progress Report | Treatment Plan |
|  |  | Date of next visit………………  Reviewed by…………………….. |
|  |  | Date of next visit………………  Reviewed by…………………….. |