

**Central State Hospital
620 Broad St.
Milledgeville, GA 31062**

PSYCHIATRIC EVALUATION

Individual's Name (last, first)

City, County, State

Admission Date

Medical Record Number

Unit

GENERAL DATA:

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST PSYCHIATRIC HISTORY:

SUBSTANCE ABUSE HISTORY:

MEDICAL HISTORY:

ALLERGIES and ADVERSE DRUG REACTIONS:

ALL CURRENT MEDICATIONS:

LABS:

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SOCIAL HISTORY:

EDUCATIONAL/VOCATIONAL HISTORY:

LEGAL HISTORY:

FAMILY HISTORY:

MENTAL STATUS EXAM (*check all that apply*):

APPEARANCE & BEHAVIOR:

Dress/Grooming/Hygiene: Appropriately dressed and groomed Age appropriate Disheveled

Offensive odor

Body Size: Average Short Tall

Weight: Average Muscular Thin Obese

Attitude: Cooperative Uncooperative Hostile Engaging Frustrated

Collaborative Demanding

Other: _____

POSTURE/MOVEMENTS:

Normal gait Abnormal gait Rigid Psychomotor Retardation

Hyperactive Tremors

Mannerisms Tics Akathisia Lip smacking Hand wringing

Other: _____

SPEECH:

Normal volume, rate, and tone Spontaneous Loud Pressured

Hyperverbal Stuttering Aphasic

Slurred Incoherent Mute Electively mute Poverty

Other: _____

MOOD:

Euthymic Depressed Anxious Angry Irritable Euphoric

Frightened Pleasant Other: _____

AFFECT:

Appropriate Congruent Incongruent Constricted Labile

Blunted Flat Hopeless

Other: _____

THOUGHT CONTENT:

Without aberration Paranoid Ideas of reference Grandiosity Somatic delusion(s)

Thought insertion

Thought broadcasting Ideas of influence Derealization Depersonalization

Other: _____

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Provide description with specific examples of positive findings: _____

THOUGHT PROCESS:

- Logical Coherent Goal directed Tangential Circumstantial
- Flight of ideas
- Disorganized Loose associations Word salad Thought blocking
- Neologism(s)
- Other: _____

PERCEPTUAL DISTURBANCES:

- None reported Auditory Visual Tactile Olfactory Gustatory Illusions
- Other: _____

Provide description with specific examples of positive findings: _____

CONCENTRATION & ORIENTATION:

- Level of consciousness: Awake and alert Sleepy Sedated Lethargic
- Oriented to: Person Time Place Situation
- Concentration: WORLD DLROW Other: _____

COGNITIVE FUNCTIONING:

- Intelligence: Average Below average Above Average Evidenced by: _____
- Immediate recall: Recalls 0/3 1/3 2/3 3/3 objects
- Recent memory: Recalls 0/3 1/3 2/3 3/3 objects after 5 minutes
- Remote memory: (e.g. date of birth) Good Fair Impaired
- Fund of Knowledge (last 3 presidents): 0/3 1/3 2/3 3/3
- Other: _____

INSIGHT:

- Well aware of problems Limited appreciation of problems No appreciation

Describe basis for assessment: _____

JUDGMENT:

- Intact Impaired Unable to assess

Describe basis for assessment: _____

IMPULSE CONTROL:

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OTHER MSE COMMENTS:

ADDITIONAL RISK ASSESSMENTS

Suicide/Risk of Violence to Self

Violence to Others

Fire Setting:

Elopement:

Victimization:

Seclusions and Restraints (medical/psychological risk to the individual if S/R is required):

AIMS (Score): _____

STRENGTHS:

DIAGNOSIS:

AXIS I

AXIS II

AXIS III

AXIS IV

AXIS V

DISCUSSION OF DIAGNOSTIC FORMULATION AND DIFFERENTIAL DIAGNOSES

PRIMARY PURPOSE OF HOSPITALIZATION:

PROBLEMS IDENTIFIED FOR THE TREATMENT PLAN:

MEDICATION PLAN AND RATIONALE

- 1.
- 2.
- 3.

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4.

MANAGEMENT OF MEDICAL CONDITIONS:

MANAGEMENT OF HIGH RISK BEHAVIORS:

1.

2.

Psychiatrist Signature _____ **ID#** _____ **Date** _____ **Time** _____

PS/ti (Dictator's Initials/Transcriber's Initials)

Dictated: Date Time

Transcribed: Date Time

Job #: VoiceWriter Assigned Job #

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