

PSYCHIATRY MONTHLY PROGRESS NOTE

Date Individual Seen:

Time with Individual:

Identifying Information:

Personal/Demographic/Reason the Individual was Hospitalized (e.g., 41-yr WM was admitted for restoration on 12/15/09 with a diagnosis of Schizophrenia being treated with aripiprazole and lorazepam...etc)

Legal Status:

Subjective (Include the individual's report regarding symptoms, side-effects, groups, medical issues, discharge planning, using quotes or paraphrases to capture the individual's condition):

Objective:

Interval History for the Past 30 Days:

Interval History (Review of past month's relevant events including as applicable, PRN/STAT use, compliance with medication, a review of significant nursing notes on symptoms, behavioral issues, weight/BMI, mall notes/group participation, review of other physician notes, results of Psychological testing or consultation):

Summary of Psychiatric Progress (Include a summary of this month's response to both pharmacological treatments [including each medication and target symptoms for each as well as combinations if appropriate], and non-pharmacological psychiatric treatments [including attendance and participation in groups, response to behavioral interventions, interactions/engagement with staff and others]):

Review of Risk Behaviors in the Past Month (Include level of risk for suicide/risk of violence to self, violence to others, fire setting, elopement, and victimization, as applicable):

Risk Triggers (Discuss frequency, precautions/treatment instituted to minimize risks and effectiveness of those measures):

Forensic Progress (Discuss current observations, testing, and information):

Medical Problems (Include medical problems currently being treated, medications, and current status):

Labs, Consults, and Other Tests Obtained this Month (List relevant results from the past month, implications. Include results of psychological tests, behavioral consultation, OT/PT, medical, and note relevant changes from previous data):

BMI, Waist Circumference and Change from Previous Measurements, if applicable:

Current treatments

List All Current Psychotropic Medications, Dose, Route, Schedule and Purpose/Target Symptoms:

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Avatar #
DOA
Unit

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Explanation of Current Psychopharmacology Plan - *Discuss effectiveness of regimen, presence of side-effects (pertinent, specific positives and pertinent negatives), risks for complications, compliance issues, high risk regimens [e.g., polypharmacy, off label usage, benzodiazepine usage in individual with substance use diagnosis or cognitive impairment]:*

Summary of PRN/STATs Received this Month and Implications for Regular Treatment:

Recent Psychiatrist's Observations

MSE

General Description and Reliability:

Sensorium:

Psychomotor Activity:

Mood:

Affect:

Speech:

Perception:

Thought Process:

Thought Content:

Suicidal/Homicidal Ideas:

Judgment and Insight:

Cognition (including MMSE if indicated by DBHDD protocol):

AIMS (as per DBHDD protocol):

Assessment:

Diagnoses:

Axis I

Axis II

Axis III

Axis IV

Axis V

Discussion of Diagnostic Questions, if applicable (*include resolution of deferred, "rule out", and "NOS" diagnoses*):

Assessment of Current Risk Levels (*Include level of risk for suicide/risk of violence to self, violence to others, fire setting, elopement, and victimization, as applicable*):

Assessment of Forensic Status, if applicable:

Primary Current Barriers to Discharge (*e.g., clinical, psychosocial, and placement issues*):

Plan for the Coming Month:

Psychopharmacology Plan:

1. Consent
2. Planned medication changes for next month and rationale:

Changes in Non-pharmacologic Interventions:

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PSYCHIATRY MONTHLY PROGRESS NOTE

Medical Issues:

Consults:

Labs/Diagnostic Tests:

Risk Behaviors:

Other:

Psychiatrist's Signature

Printed Name

ID #

Date

Time

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