

Journeys

Inglis' Mobile Peer Partnership

PSYCHIATRIC EVALUATION

NAME

DOB:

SS#:

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REASON FOR EVALUATION/PRESENTING ISSUES:

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DESCRIBE RELATIONSHIP BETWEEN PHYSICAL DISABILITY AND MENTAL HEALTH

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APPEARANCE:

- Clean Neat Unkempt Disheveled
 Other: _____

ORIENTATION: X 4:

- Time Place Person Situation

MEMORY:

- Normal Limits Deficient Immediate Recent
 Remote Other: _____

ATTENTION:

- Adequate Inadequate

PERCEPTION:

- Adequate Inadequate

MOTOR ACTIVITY:

- Normal Slowed Restless Agitated

COGNITIVE PERFORMANCE:

- Normal Limits Poor Memory Low Self-Awareness
 Short Attention Poor concentration Developmental Disability
 Slow Processing Impaired Judgement

THOUGHT PROCESS:

- Normal limits Illogical Delusional Ruminative
 Paranoid Derailed thinking Loose association Intact
 Hallucinating (visual, auditory, tactile)

SENSORY DEFICITS: None or Speech Hearing Vision

SPEECH: Clear Slurring Slowed Loud
 Soft Pressured Excessive Minimal
 Incoherent Other: _____

MOOD: Euthymic Unremarkable Depressed Tearful
 Anxious Manic Labile
 Other: _____

AFFECT: Full Range Constricted Range Flat

JUDGEMENT/INSIGHT: Complete Denial Takes responsibility Emotional insight
 Intellectual insight Slight Awareness Blames Others

PREFERRED MODE OF COMMUNICATION: Speaking Play Drawing
 Other: _____

LANGUAGE PREFERRED: : _____

OVERALL INTELLIGENCE:

CURRENT SIGNS AND SYMPTOMS OF PSYCHIATRIC DISORDERS:

DANGER TO SELF: Check if not applicable

DANGER TO OTHERS: Check if not applicable

CURRENT/PREVIOUS MENTAL HEALTH TREATMENT:

Facility Name	Services Received

HAVE YOU EVER USED THE FOLLOWING? CHECK HERE IF NOT APPLICABLE OR "NONE"

	DATE OF LAST USE	ROUTE OF USE	AMOUNT USED		DATE OF LAST USE	ROUTE OF USE	AMOUNT USED
ALCOHOL				COCAINE			
MARIJUANA				OPIATES			
CIGARETTES				METHAMPHETAMINES			
BARBITUATES				OTHER:			

CURRENT MEDICATION:

NAME	TARGETED SYMPTOM	DOSAGE	FREQUENCY	EFFECTIVENESS	SIDE EFFECTS

INDIVIDUAL'S GOALS FOR MENTAL HEALTH CARE: If psychiatrist feels more pressing needs are present related to safety/health, the disagreement should be noted in the clinical record.

STRENGTHS AND ABILITIES:

COMPLETE DSM-V Dx:

PLAN OF TREATMENT/RECOMMENDED SERVICE(S):

CPS Psych Rehab Targeted Case Management Out-Patient

Intensive Out-Patient Other: (describe in box below)

Psychiatrist Name: _____ Agency: _____

Psychiatrist Signature: _____ Date: _____