# PSYCHIATRY ASSESSMENT FORM

| Name | | | Date |
|---|---|---|---|

| Birth Information | | |
|---|---|---|
| Date of birth | Place of birth | Age |

| Ethnic Background | | |
|---|---|---|
| Caucasian ❑ | African American ❑ | Asian American ❑ |
| Hispanic ❑ | Native American ❑ | Other ❑ |

| Gender | Marital Status | |
|---|---|---|
| Female ❑ | Never married ❑ | Widow/widower ❑ |
| Male ❑ | Married ❑ | Separated/Divorced ❑ |

| Education | | |
|---|---|---|
| High school (circle one) | College/university (circle one) | Graduate school (circle one) |
| $6^{th}$ or earlier $7^{th}$ $8^{th}$ | 1 2 3 4 | BA BS MA MS |
| $9^{th}$ $10^{th}$ $11^{th}$ $12^{th}$ | 5 Other | MBA Other |

| Occupation |
|---|
| |

## Chief Complaint

**DEPRESSION** ❑ ____________________ **ANXIETY** ❑ ____________________

**ATTENTION** ❑ ____________________ **MEMORY** ❑ ____________________

____________________________________________________________

____________________________________________________________

| ANXIETY (circle) | None | Mild | Moderate | Severe |
|---|---|---|---|---|
| Generalized Phobias Panic Attacks | ❑ | ❑ | ❑ | ❑ |
| OCD PTSD Acute Stress | ❑ | ❑ | ❑ | ❑ |

| DEPRESSION (5 of 9) | None | Mild | Moderate | Severe |
|---|---|---|---|---|
| 1. Feeling down or depressed most of the day | ❑ | ❑ | ❑ | ❑ |
| 2. Loss of interest/pleasure in most activities | ❑ | ❑ | ❑ | ❑ |
| 3. Significant change in weight or appetite | ❑ | ❑ | ❑ | ❑ |
| 4. Sleeping too much or too little | ❑ | ❑ | ❑ | ❑ |
| 5. Restlessness or slowness observable by others | ❑ | ❑ | ❑ | ❑ |
| 6. Difficulties in concentrating or making decisions | ❑ | ❑ | ❑ | ❑ |
| 7. Blaming self too much and feeling worthless | ❑ | ❑ | ❑ | ❑ |
| 8. Fatigue or loss of energy nearly every day | ❑ | ❑ | ❑ | ❑ |
| 9. Thinking about death frequently | ❑ | ❑ | ❑ | ❑ |

| MELANCHOLIC FEATURES (1 and/or 2) Yes | ❑ |
|---|---|
| 10. Loss of pleasure in almost all activities | ❑ |
| 11. Loss of reactivity to pleasurable stimuli | ❑ |
| **And 3 of the following** | |
| 12. Distinct quality of depressed mood | ❑ |
| 13. Depression is worse in AM | ❑ |
| 14. Early morning awakening | ❑ |
| 15. Marked psychomotor retardation | ❑ |
| 16. Significant anorexia or weight loss | ❑ |
| 17. Excessive or inappropriate guilt | ❑ |
| **ATYPICAL FEATURES Yes** | ❑ |
| 18. Mood reactivity **(and at least two of the following)** | ❑ |
| 19. Significant weight gain or increased appetite | ❑ |
| 20. Hypersomnia | ❑ |
| 21. Leaden paralysis | ❑ |
| 22. Long standing pattern of rejection resulting in | |
| Social or occupational impairment | ❑ |
| 23. **And,** Criteria are not met for melancholic features | ❑ |
| **PAST PSYCHIATRIC HSTORY None** | ❑ |
| 24. Prior episodes of depression for at least 2 weeks | ❑ |
| 25. Most recent episode _______________ | |
| 26. First episode _________________ | |
| 27. Hospitalizations _____ Suicidal attempts ________ | |
| **MANIA No** | ❑ |
| 28. Ever felt with plenty of energy | ❑ |
| 29. Ever felt on top of the world | ❑ |
| 30. Ever gone on a spending spree | ❑ |
| **PSYCHOSIS No** | ❑ |
| 31. Ever heard voices other people couldn't hear | ❑ |
| 32. Ever seen things other people couldn't see | ❑ |
| 33. Ever felt that your life was in danger | ❑ |

**Comments (Use number to identify question.)**

Please circle: MELANCHOLIC / ATYPICAL / NONE

R/O Dysthymia: > 2 years of depression

| PSYCHOTROPIC HISTORY (including herbal preparations, e.g., StJW, GB, G) | | | | | RESPONSE | | |
|---|---|---|---|---|---|---|---|
| **MEDICATION** | **DOSE** | **Freq** | **Start** | **Stop** | **None** | **Good** | **Excel** |
| 1 | | | | | ❑ | ❑ | ❑ |
| 2 | | | | | ❑ | ❑ | ❑ |
| 3 | | | | | ❑ | ❑ | ❑ |
| 4 | | | | | ❑ | ❑ | ❑ |
| 5 | | | | | ❑ | ❑ | ❑ |
| 6 | | | | | ❑ | ❑ | ❑ |
| 7 | | | | | ❑ | ❑ | ❑ |
| 8 | | | | | ❑ | ❑ | ❑ |

## Past Medical History:

**Neurological**: Head Injury, Parkinson's disease, Stroke, Seizure,
**Cardiac**: Hypertension, Heart Attack, Angina, CHF, Arrhythmias
**Respiratory**: Asthma, Emphysema, COPD
**Endocrine:** Thyroid disease, Diabetes
**Cancer:** Melanoma, Lung, Breast, Prostate
**GI:** Ulcer, Liver
**Psychiatric:** Prior Depression, Bipolar
**Blood**: Anemia, Leukemia, Bleeding disorder, Anticoagulant

| CONDITION | DATES | COMMENTS | Stable |
|---|---|---|---|
| | | | ❑ |
| | | | ❑ |
| | | | ❑ |

| FAMILY HISTORY | CONDITION |
|---|---|
| Father/ Mother/Siblings | |
| | |
| | |

| MEDICATION | Dose | Route & Freq | Start | Stop | Condition |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

**ALLERGIES** None ❑

| Substance | Reaction |
|---|---|
| | |
| | |
| | |

**REVIEW OF SYSTEMS Anxiety ❑ Somatic ❑**

34. General (Weight change, fever, fatigue) ❑
35. Neurological (Headache, dizziness, weakness) ❑
36. Head and neck (Hearing loss/aid, visual difficulties) ❑
37. Respiratory (Shortness of breath, cough, wheezing) ❑
38. Cardiovascular (Chest pain, palpitations) ❑
39. Gastrointestinal (Nausea, constipation, diarrhea) ❑
40. Extremities (Claudication, edema, muscle cramps) ❑
41. Gait and joints (Arthritis, pain, falls, devices) ❑
42. Skin (Rashes, itching, swelling) ❑
43. Genitourinary (Urinary frequency, incontinence) ❑
44. GYN (Irregular menses, painful menses) ❑

**HEIGHT ________ WEIGHT__________**
**BLOOD PRESSURE _____/_____**
**PULSE RATE _______ RESPIRATION ____**

**SMOKING** Never ❑

Packs per day: 1 ❑ 2 ❑ 3 ❑ Other ❑
Age began: years old ❑ Quit: years old

Comments (Use number to identify question.)

**ALCOHOL USE** None ❑

45. Average daily consumption (ounces)
1 ❑ 2 ❑ 3 ❑ 4 ❑ Other ❑ .
46. Ever told or felt you should **c**ut down on drinking? ❑
47. Ever felt bad or **g**uilty about your drinking? ❑
48. Ever drink first thing in AM to get rid of hangover? ❑

CAGE

| DRUGS OF ABUSE | | None ❑ |
|---|---|---|
| 49. Marijuana | | |
| 50. Cocaine/crack | | |
| 51. Other | | |

Contraceptive Method:

| MENSTRUAL/PREGNANCY HISTORY | |
|---|---|
| 52. Menopause age ________ | |
| 53. Last menstrual period date ______ / ______ / _____ | |
| 54. Gravida ______ Para ______ Abortion(s) ______ | |

## MENTAL STATUS EXAMINATION

| GENERAL APPEARANCE AND BEHAVIOR | | | |
|---|---|---|---|
| Well-nourished | ❑ | Well-developed | ❑ |
| **Attire** | | | |
| Neat | ❑ | Casual | ❑ |
| **Remarkable features** | | **None** | ❑ |
| **Abnormal movements** | | **None** | ❑ |
| **Abnormal posture** | | **None** | ❑ |
| **Attitude towards the examiner** | | | |
| Casual | ❑ | Cooperative | ❑ |
| **Eye contact** | | **Good** | ❑ |
| Fair | ❑ | Poor | ❑ |
| **MOOD AND AFFECT** | | | |
| Euthymic | ❑ | | |
| **Affect** | | | |
| Appropriate | ❑ | Congruous | ❑ |
| **DEPRESSION** | | | |
| Sad | ❑ | Hopeless | ❑ |
| Depressed | ❑ | Worthless | ❑ |
| **COGNITION** | | **Normal** | ❑ |
| **Consciousness** | | | |
| Clear | ❑ | Somnolent | ❑ |
| **Voice** | | **Normal** | ❑ |

| **Orientation** | | | | **Well-oriented** | ❑ |
|---|---|---|---|---|---|
| Person | ❑ | Place | ❑ | Time | ❑ |
| **Memory** | | | | **Intact** | ❑ |
| Immediate | ❑ | Recent | ❑ | Remote | ❑ |
| **Fund of Information** | | | | **Good** | ❑ |
| Fair | ❑ | Poor | ❑ | Impaired | ❑ |

| **Intelligence (estimated)** | | | |
|---|---|---|---|
| Superior | ❑ | **Average** | ❑ |
| High average | ❑ | Below average | ❑ |
| Above average | ❑ | Retarded | ❑ |
| **THOUGHT CONTENT** | | | |
| **Perceptual Abnormalities** | | **None** | ❑ |
| Ideas of reference | ❑ | Phobias | ❑ |
| Derealizations | ❑ | Obsessive thoughts | ❑ |
| Depersonalizations | ❑ | Compulsive behaviors | ❑ |
| **Hallucinations** | | **None** | ❑ |
| Visual | ❑ | Gustatory | ❑ |
| Auditory | ❑ | Olfactory | ❑ |
| Tactile | ❑ | | ❑ |

| Auditory Hallucinations | | | None ❑ |
|---|---|---|---|
| One voice | ❑ | Comment on actions | ❑ |
| Many voices | ❑ | Command | ❑ |
| **Delusions** | | | **None** ❑ |
| **THOUGHT PROCESS** | | | **Normal** ❑ |
| Goal-directed | ❑ | Disorganized | ❑ |
| **ABSTRACT THINKING** | | | **Normal** ❑ |
| **JUDGMENT** | | | **Good** ❑ |
| **INSIGHT** | | | **Good** ❑ |
| **IDEATIONS: Suicidal /Homicidal** | | | **None** ❑ |

| PSYCHOMETRICS | Score | | Score |
|---|---|---|---|
| 55. MMSE | | 56. MADRS | |
| 57. Ham-D | | 58. CGI | |
| 59. Ham-A | | 60. Other | |

| DIAGNOSTIC IMPRESSION (Check appropriate diagnosis) | |
|---|---|
| **Diagnosis** | ❑ |
| | ❑ |
| | ❑ |
| **Psychosocial/Contextual Factors** | ❑ |
| **Disability - WHODAS** | ❑ |

| SUMMARY AND PLAN | |
|---|---|
| **1. Evaluation & Counseling:** | ❑ |
| **2. Psychotherapy:** | ❑ |
| **3. Psychopharmacology:** | ❑ |
| | ❑ |
| | ❑ |
| **4. Complementary**: Exercise: | ❑ |
| APPS Nutrition: | ❑ |
| Relaxation & Sleep: | ❑ |
| **5. Anxillary Tests/Labs:** | ❑ |
| **6. Consultations:** | ❑ |
| **7. Follow-up:** | ❑ |

Gabriela Corá, MD, FAPA, MBA___________________________ **Date ____/____/____**