

Patient: _____
Date of Birth: _____
Referred by: _____
Examiner: _____

Date: _____
Age: _____
Facility: _____
Room#: _____

Chief Complaint: _____

History of Present Illness: _____

Past Medical Hx: _____

Past Psychiatric Hx: _____

Drug/Alcohol/Tobacco Hx: _____

Social & Family Hx: _____

Current Psychotropic Medications: _____

Other Medications: _____

Allergies: _____

Results of Lab Studies Reviewed: _____

Initial Psychiatric Diagnostic Evaluation (90791/2)

Pt. Name: _____

Mental Status Examination:

Constitutional: Recent Weight Loss Recent Weight Gain Excessive Fatigue Fever None

Grooming: Good Fair Poor

Motor Movements: WNL Agitation Retardation Choreic Spastic Hemiplegia Tardive Dyskinesia
Flaccidity/Atrophy _____ Other _____

Stature: Frail Well-nourished Obese Sitting Standing Lying

Gait: Steady Steady w/assist Ataxic W/C self W/C assist

MSE continued:

Level of consciousness: Alert Drowsy Unable to sustain arousal without verbal/physical cueing

Demeanor: Cooperative Engaging Pleasant Resistant Oppositional Apathetic Impulsive

Speech/Language: Mute Clear Slurred Dysarthric / Coherent Incoherent / Spontaneous Restricted Guarded
Normal Rate Slow rate / Normal Volume Loud Soft / Hyperverbal Pressured Dysnomic Dysfluent
Perseveration Poverty of speech
Global aphasia Expressive aphasia Receptive aphasia

Thought Process: Intact Logical Illogical Confused/Disorganized Periods of confusion Loose
Circumstantial Tangential Flight of Ideas Confabulation Ideas of reference

Thought Content: _____

Suicidal/Homicidal Ideation: _____

Psychotic S/S (e.g., delusions, hallucinations - describe, including whether associated with significant subjective distress and/or effects on behavior): _____

Other Perceptual Disturbances: Illusions Depersonalization Derealization

Fund of Knowledge: Good Fair Poor **Judgment:** Good Fair Poor **Insight:** Good Fair Poor

Affect: Broad/Mobile Constricted Blunted Flat Labile Pseudobulbar State

Mood: Euthymic Depressed Anxious Angry Irritable Elevated Elated Other _____

Orientation: Person - WNL / Impaired Place - WNL / Impaired Time - WNL / Impaired

Attention: WNL / Impaired **Concentration:** WNL / Impaired

Memory: Recent - WNL / Impaired Remote - WNL / Impaired

Sleep problems: None Initiating Sustaining Hypersomnia **Appetite:** Good Fair Poor

Additional MS Observations: _____

Diagnostic Impression: _____

Rule Out: _____

Global Assessment of Functioning: _____

Treatment Recommendations:

New Medications Ordered/Existing Medications Continued or Adjusted (include dose, schedule, etc.):

1) _____ **Dx Indication:** _____

Goals/Benefits: _____

2) _____ **Dx Indication:** _____

Goals/Benefits: _____

Initial Psychiatric Diagnostic Evaluation (90791/2)

Pt. Name: _____

3) _____ Dx Indication: _____

Goals/Benefits: _____

4) _____ Dx Indication: _____

Goals/Benefits: _____

The following series of questions/statement only apply if psychopharmacological intervention was prescribed (thru monitoring methods):
Were causation due to underlying medical conditions, adverse drug reactions, drug-drug interactions, and preventable or isolated social/environmental factors considered? Yes Describe any positive findings:

Methods for Monitoring Efficacy of Rx Drugs: Examination/Patient Report Report from nursing/SW/other care staff Report from family Behavioral Tracking Records, and Results (record baseline scores here, if available) of the
MDS-FS(ADL) _____ MDS-BEH _____ MMSE _____ GDS _____
PHQ-9 _____ BIMS _____ CAM _____ Other _____

If necessary, what further investigation(s) is/are recommended (e.g., Labs)? _____

(Monitors – Antipsychotics: AIMS, HBA1C, FBS, Lipid panel - - Valproic Acid: Level, ALT, CBC --- Lithium: Serum Lith Level, BUN/SCr. Lytes, TSH— Tricyclic Level - - Altered Mental Status: CBC, CMP, TSH, B12, Folate Level, Mg.RPR, Ammonia Level, UA w/ C&S if indicated)

Results of AIMS Test (if currently receiving anti-psychotic med.): _____

Discussion/Other Recommendations (Do not write "Continue MEDS"- All medication information must be specified above):

Referral/Order Written for Behavior Management or Psychotherapeutic Consultation by a Psychologist.

Provision of Interactive Complexity: _____

Psychiatric Consultant: _____

Seniors Wellness Group of Michigan

Date: _____