PSYCHIATRIC PROGRESS NOTE

DATE | TIME | FACILITY | UNIT (optional)

Allergies:

Interim General History (comment on function):

Interim Medical and Psychiatric History (include lab results):

Mental Status Examination (MSE):

- **Level of Consciousness:**
  - ☐ Alert & Oriented
  - ☐ Somnolent/sedated
  - ☐ Confused/disoriented
  - ☐ Other:

- **Behavior/Attitude/Appearance:**
  - ☐ Unremarkable
  - ☐ Other:

- **Psychomotor:**
  - ☐ Within normal limits
  - ☐ Agitated
  - ☐ Hyperactive
  - ☐ Fidgety
  - ☐ Retardation
  - ☐ Other:

- **Speech:**
  - ☐ Within normal limits
  - ☐ Slowed
  - ☐ Lags/latency
  - ☐ Pressured
  - ☐ Articulation abnormal
  - ☐ Other:

- **Affect/Mood:**
  - ☐ Within normal limits
  - ☐ Anxious
  - ☐ Sad
  - ☐ Tearful
  - ☐ Excited
  - ☐ Flat
  - ☐ Labile/irritable
  - ☐ Other:

- **Thought:**
  - ☐ Within normal limits
  - ☐ Thought disorder
  - ☐ Racing
  - ☐ Ruminative
  - ☐ Persecutative
  - ☐ Other:

- **Content:**
  - ☐ Within normal limits
  - ☐ Guilt
  - ☐ Delusional
  - ☐ Obsessions
  - ☐ Ideas of reference
  - ☐ Insertion/broadcasting
  - ☐ Other:

- **Hallucinations:**
  - ☐ None
  - ☐ Auditory
  - ☐ Responding to internal stimuli
  - ☐ Visual
  - ☐ Other:
PSYCHIATRIC PROGRESS NOTE

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Cognitive: □ Within normal limits
― Poor attention/concentration □ Impulse dyscontrol □ Poor memory
― Other:

Vegetative symptoms: □ None □ Increased sleep □ Decreased sleep
― Increased appetite □ Decreased appetite □ Increased energy □ Decreased energy
― Other:

Comment on vegetative symptoms:

Homicidal/Suicidal Ideation Assessment:

MSE Comments:

Diagnoses:

Response to Treatment (include adverse or side effects):

Plan:

Current medication(s):
― No medication change
― Medication change (specify):

Target symptoms:

Referral/Follow-up:

Other (labs, etc.):

_________________________ _______________________
PRACTITIONER’S PRINTED NAME AND TITLE SIGNATURE