



PATIENT I.D. DATA:
(Name, DOC#, DOB)

PSYCHIATRIC PROGRESS NOTE

DATE	TIME	FACILITY	UNIT (optional)
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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 Perseverative
 Other:
- Content: Within normal limits Delusional Obsessions
 Guilt Ideas of reference Insertion/broadcasting
 Other:
- Hallucinations: None Auditory
 Command: Responding to internal stimuli Visual
 Other:

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



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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

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