



*Type of assessment: ER assessment. 1st assessment after admission in the ward.
 New case in OPD. Reassessment after gathering all missed data.

Identification Data

*Name: *Age:

*Marital status: Single Married Divorced Separated Widow Engaged

*Status of Education: Finished Still studying

*Level of Education: Illiterate 1ry school Intermediate school 2ry high school
 Bachelor degree Master degree PhD

Specify specialty and name of school

*Occupation: Unemployed Employed Job title:
 Housewife Retired From:
 Other, Details:

*Lives In: City: Village:
 Other:

*Lives with:

Chief Complaint

*Complaint:

*Source of information:

*Duration: *Reliability:

History of present illness

Known to have any mental or medical illness: Yes Unknown to have any mental or medical illness.
If Yes, please type details including medications and compliance:

*Current complaint details: Dissect each symptom and its onset, course, nature, aggravating/ relieving factors.

Psychotic features: Yes No
Details



Mood symptoms: Yes No

Details

Anxiety related symptoms: Yes No

Details

OCD-like symptoms: Yes No

Details

Other psychological symptoms: Yes No

Details

Sleep problems: Yes No

Details

Change of appetite: Yes No

Details

Substance use: Yes No

Details

Stressors: Yes No

Details

Life daily functioning:

Details

» Self-care: Good Impaired

Details

» Family care: Good Impaired

Details

» Occupational/ academic: Good Impaired

Details

» Social interaction: Good Impaired

Details

Correlation with current medical problems or medications: Yes No

Details

Any cultural or religious perceiving of illness: Yes No

Details

Risk assessment: *With details please (severity, frequency, thoughts/plan/behaviors, aggravating and relieving factors, protective factors, other details)*

Details

» Death wishes: Yes No

Details

» Suicidality: Yes No

Details

» Homicidality: Yes No

Details



» Aggressive behavior: Yes No

Details

» Impulsive behavior: Yes No

Details

» Self- harm behaviors: Yes No

Details

Open area:

Past Psychiatric History

*Previous visits:

*Previous diagnosis as described:

*Previous admissions:

*Previous use of psychotropic:

*Previous risky behaviors:

*Previous substance use:

*Inter episodic functioning:

*Previous use of lithium: Yes No

Details

*Previous use of Clozapine: Yes No

Details

*Previous use of ECT: Yes No

Details

Open Space:

Past Medical & Surgical History

*Allergy: Yes No

Details

*Thyroid problems: Yes No

Details

*Seizure: Yes No

Details

*Head trauma/brain injury: Yes No

Details

*Corticosteroid use: Yes No

Details

*Any Medications:

*Any other Medical Problem:

*Any Previous Surgery:

Family History

☒ *Father:

Age Alive: Yes No Health status

☒ *Mother:

Age Alive: Yes No Health status

☒ *Siblings:

Numbers His/her order between them Age of eldest Age of youngest

Their health condition

☒ *Relationship with family members:

☒ *Relationship between family members:

☒ *Mental illness in family:

☒ *Family history of psychotropic use & history of good response:

Personal History

☒ Perinatal & Postnatal:

*Gestational Age: *Delivery type: SVD CS

*Any perinatal complications:

Growth & Development:

Developed as other children in his/her age: Yes No

If there is a developmental delay, specify:

If the patient is a child / an adolescent, comment on the developmental milestones:

» Language and speech:

» Fine and gross motor:

» Self-help:

» Social and emotional:

» Cognitive:

» Other aspects:

Pre-school age:

Relationship with peers & parents:

Any strange behaviors:

School age:

Relationship with teachers & colleagues:

Performance:

Any difficulties:

Adolescence:

Puberty age & any associated problems:

Any abnormal / deviant behaviors:

Substance:

Occupational history:

Employed at the moment? Yes No If yes, period of current job

Any current work difficulties:

NO. of previous jobs: Only current job 1 2 3 >3

Reasons of changing previous job/s:

Marital history:

Married at age of: Relationship with spouse:

Any marital conflict:

Number of children:

Children's problems:

Relationship with children:

Legal / forensic history:

*Any previous history of arrest:

*Any previous criminal or aggressive act:

*Any problems with law:



Premorbid Personality

Premorbid mood:

Premorbid nature:

Interests /Hobbies:

Is he religious person? Yes No

Described by surroundings as:

Sexual orientation:

Any personality trait:

Dealing with problem: Secretive Ventilating to other Eating Sleeping Impulsive

MSE —————

Appearance:

*Age group: Child, specify: Adolescence Young Middle age Elderly

*Apparent age Vs Stated age: Looks around Looks younger Looks older

*Body built: Cachectic Thin Normal Overweight Obese

*Physical abnormalities: No apparent abnormality Yes, specify:

*Grooming: Good Fair Poor, specify:

*Hygiene: Good Fair Poor, specify:

Additional:

Behaviors and attitude:

*Eye contact: Good Poor Fair Other

*Calmness: Calm Irritable Easily provoked Agitated

*Cooperation: Cooperative Uncooperative Partially cooperative

*Any abnormal behaviors: Yes No, specify:

*Psychomotor activity: Increased Retarded Normal

*Any observed suffer: Non. Restless Restless leg Feeling cold Feeling thirst Feeling hungry

*Abnormal movement: Yes No, specify:

Speech:

*Coherence: Coherent Incoherent Other

*Relevance of answers: Relevant Irrelevant Partially relevant

*Rate: Normal Pressured Slow Irregular

*Tone: Normal Monotonous Tremulous Other

*Volume: Normal Loud Whispering Lots Unduly brief

*Rhythm: Normal Abnormal

Others:



Mood and Affect:

*Mood: Euthymic Low Angry Anxious Euphoric Other

*Affect: Reactive Restricted Blunted Flat or mask face Labile

Additional:

***Thought Form:**

Well organized Flight of ideas Tangentiality Circumstantiality Derailment

Loss of association Word salad Thoughts block Thoughts Poverty Clang association

Perseveration Others:

Thought Content:

*Overvalued ideation: Yes No, specify:

*Delusion: Yes No, specify:

*Obsession: Yes No, specify:

*Death wishes: Yes No, specify:

*Suicidal thoughts: Yes No, specify:

*Preoccupation: Yes No, specify:

Others:

Perception:

*Hallucinatory attitude/gesture: Yes No

If yes specify the type:

*Any other perceptual disturbances: Yes No, specify:

Cognitive Functions:

*Consciousness: Alert Confused Semiconscious Comatose Others:

*Orientation: Oriented to time, place and person Disoriented to: Time Place Person

*Attention: Attentive Inattentive

*Concentration: Intact Impaired Poor, specify:

*Memory:

» Immediate: Intact Impaired, specify:

» Recent: Intact Impaired, specify:

» Remote: Intact Impaired, specify:

*Abstract thinking: Abstract Concrete

*Fund of knowledge: Average Above Average Below Average

*Judgment: Good Poor Other

*Insight Level: Fully insight Poor insight Partial insight

Specify partial insight:

Physical Examination

Blood pressure: _____ Pulse: _____ Respiratory rate: _____ Temperature: _____

Any systematic abnormality:

Impression and diagnosis:

Risk assessment:

- » *Level: Low Low-moderate Moderate-high High
- » *Type: Suicidal risk Homicide risk Aggressive behaviors Self-harm behaviors
- » *Impulsivity: Yes No

Plan (Bio-Psycho-Social approach)

*Medications:

*Admission: Yes No Observation in ER

Type of admission: Voluntary indicated Voluntary elective
 Compulsory (You must fill the specific form)
 For forensic assessment (You must request sentry from security agencies)

Determine which department for admission or observation:

Determine OPD appointment time:

Level of observation: Standard observation (Routine/ minimal level)
 Constant observation (Line of sight observation checked at 15 minutes interval)
 One to one observation (close observation/ arm's length away)

Suicidal precautions: Yes No Specify more:

Investigations: including baseline investigations and routine investigations.

CBC with differential	Electrolytes	TFT	Drugs screen	lipids profile	
Vit. B12	LFT	RFT	Vit. D	CT brain	MRI brain

ECG: Only baseline Frequent, specify:

Other investigations:

*Other aspects of plan:

[Large empty box for writing]

Acknowledgement _____

I acknowledge that all parts have been filled out.

I acknowledge that not all parts have been filled out due to:

- Absence of reliable informant.
- Difficulties of assessment.
- Other, specify: [Redacted]

Physician name:

[Redacted]

E-signature:

[Redacted]

Date:

[Redacted]