



- *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:**

» 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)

» 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 insighted ☐ 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:

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:

Physician name:

E-signature:

Date: