**ALLERGIES:** Entered into client banner

**ASSESSMENT SECTION**

**IDENTIFYING DATA**

**REASON FOR REFERRAL/CHIEF COMPLAINT**

**HISTORY OF PRESENT ILLNESS**

**CURRENT MEDICATIONS**

**SUBSTANCE USE HISTORY**

**PAST PSYCHIATRIC HISTORY**

**MEDICAL PROBLEM LIST/PAST MEDICAL HISTORY**

**PROCEDURE & SURGICAL HISTORY**

**DIAGNOSTIC RESULTS & LAB RESULTS**

**FAMILY HISTORY**

**PSYCHOSOCIAL HISTORY**

**LEGAL HISTORY**

**MENTAL STATUS EXAM**

**Appearance and Behaviour:**

**Speech:**

**Affect/Mood:**

**Thought Form:**

**Thought Content:**

**Perceptual Abnormality:**

**Cognitive Function:**

**MMSE/MoCA/CAM Score:**

**Insight Judgement:**

**DIAGNOSTIC IMPRESSION/ASSESSMENT/TREATMENT PLAN**

**RISKS SECTION**

**TIP:** When dictating, please dictate all sub headers and indicate Yes, No, Unknown and any clinically relevant comments.

Recent deterioration of daily functioning and decision making:

**Thoughts of suicide**

Plan of suicide:

Intent to die:

Previous suicide attempts:

Family history of suicide:

**Thoughts of violence**

Plan:

Imminent threat of violence:

Potential victim:

Previous violence:

Access to weapons:

**Other risk factors**

Substance abuse:

Aggressive behaviour during interview:

Personality disorder:

Others (please list):

**Protective factors**

Regular contact with health care provider/team:

Good medication adherence:

Others (please list):

**Adult Guardianship**

Abuse:

Self-Neglect:

Neglect:

**FOR OLDER ADULTS** (Can be deleted if not assessing Older Adults)

Representation Agreement - If Yes, specify name:

Power of Attorney - If Yes, specify name:

Advanced Directive - If Yes, specify name:

Instrumental Activities of Daily Living (IADL):

Activities of Daily Living (ADL):
ALLERGIES: Entered into client banner

ASSESSMENT SECTION
IDENTIFYING DATA
REASON FOR REFERRAL/ CHIEF COMPLAINT
HISTORY OF PRESENT ILLNESS
CURRENT MEDICATIONS
SUBSTANCE USE HISTORY
PAST PSYCHIATRIC HISTORY
MEDICAL PROBLEM LIST/PAST MEDICAL HISTORY/PROCEDURE & SURGICAL HISTORY
DIAGNOSTIC RESULTS & LAB RESULTS
FAMILY HISTORY
PSYCHOSOCIAL HISTORY
LEGAL HISTORY
MENTAL STATUS EXAM
Appearance and Behaviour (grooming, psychomotor activity, eye contact, accessibility, rapport, reliability):
Speech (rate, rhythm, prosody):
Affect/ Mood (flat, blunted, restricted, labile, dysphoric, irritable, elated):
Thought Form (organized, illogical, tangential, circumstantial, loose associations, vague):
Thought Content (thought broadcasting/insertion/withdrawal, grandiose, persecutory, religious, somatic, ideas of reference, delusions, ruminations, obsessions):
Perceptual Abnormality (illusions, hallucinations):
Cognitive Function (orientation, registration, recall, concentration):
MMSE/ MoCA/ CAM Score:
Insight (appreciation of nature and severity of illness):
Judgement (ability to anticipate the results of his/her actions):
DIAGNOSTIC IMPRESSION/ ASSESSMENT/ TREATMENT PLAN

RISKS SECTION
TIP: When dictating, please dictate all sub headers and indicate Yes, No, Unknown and any clinically relevant comments.
Recent deterioration of daily functioning and decision making:

Thoughts of suicide
Plan of suicide:
Intent to die:
Previous suicide attempts:
Family history of suicide:

Thoughts of violence
Plan:
Imminent threat of violence:
Potential victim:
Previous violence:
Access to weapons:

Other risk factors
Substance abuse:
Aggressive behaviour during interview:
Personality disorder:
Others (please list):

Protective factors
Regular contact with health care provider/team:
Good medication adherence:
Others (please list):

Adult Guardianship
Abuse:
Self-Neglect:
Neglect:

FOR OLDER ADULTS
Representation Agreement - If Yes, specify name:
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Instrumental Activities of Daily Living (IADL):
Activities of Daily Living (ADL):