Psychiatric History Assignment Template

Information the client or representative told you

Initials: CS	Age: 35	Gender: male

Include vital signs if provided. State not provided here if not available.
Blood pressure is 130/85
Heart rate 99
Respirations 14
98% on room air
98.1 oral temperature

Allergies (and reaction)
Medication: Penicillin
Food: none
Environment: seasonal allergies

History of Present Illness (HPI) Patient has been feeling anxious and depressed for a year.

Chief Complaint (CC)
"I have been feeling stressed and anxious since my wife started nursing school."

HPI
Click or tap here to enter text.

Patient states that he has been feeling anxious and stressed. He has been feeling this way for over a year now. Recently, his wife has went back to school to become a nurse. His wife started nursing school and it "has been a huge weight on my shoulders". They have 3 kids, and a lot of house and kid duties has been left up to him. His wife had to stop working fulltime due to her having to be in class. He has become stressed and anxious about getting the bills paid on time and taking care of the kids and it is a lot. Being anxious and stressed has taken "a toll on my relationship with my wife and has affected my work." He admits to constantly feeling his heart beating fast and having to talk to himself to relax.

CC is a BRIEF statement identifying why the client is here - in the patient's own words - for instance "I have been feeling depressed," NOT "symptoms of depression for 3 weeks." History of Present Illness (HPI)
*(1) develops illness narrative: (**cogent story with clear chronology, not a list** of symptoms), and*
(2) includes specific details of symptoms, and the impact of these symptoms on daily life.

Current Medications: *Include dosage, frequency, length of time used and reason for use; also include OTC or homeopathic products. State NA if no current medications.*

Medication *(Rx, OTC, or Homeopathic)*	**Dosage**	**Frequency**	**Length of Time Used**	**Reason for Use**

Claritin	10ml	As needed		Seasonal allergies
n/a	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
n/a	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
n/a	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
n/a	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Past Psychiatric History - *Includes all previous mental health psychotherapy and medication management. Be as descriptive as possible. Include type of provider, name if provided, year(s) of treatment, types of services received, history of trauma, self-harm or harm to others.*

Patient states that he has a history of having anxiety but is not currently seeing a provider or taking medication for it. Patient states that he has been dealing with anxiety for the past 2 years.

Medical History (PMHx) – *Includes active medical problems (currently getting managed) and past medical problems (no longer needing any intervention), hospitalizations, and surgeries. Depending on the CC, more info may be needed.*

Patient had right knee surgery in 2005.
Patient denies any other surgeries or hospitalizations.

Family History (Fam Hx) - History includes, *but it is not limited to illnesses with possible genetic predisposition, contagious or chronic illnesses. Reason for death of any deceased first-degree relatives should be included. Include parents, grandparents, siblings, and children. Include grandchildren if pertinent.*

Mother is alive and has no medical history.
Father is alive and vertigo.
Brother is alive and has no medical history.
Grandmother is alive is a current smoker and has hypertension and diabetes type 2.

Grandfather is alive and has no known medical history. Daughter 11 years old, is alive with no health history Daughter is 4 years old, alive with no health history Son is 9

(If not currently working, when was the last time client worked and what was the reason for stopping?) current living arrangements, hobbies, relationship status, tobacco, a

business management and is a full-time bodily injury adjuster at Farmers Insurance Company. Patient denies smoking all tobacco products. Patient admits to drinking socially. Pa

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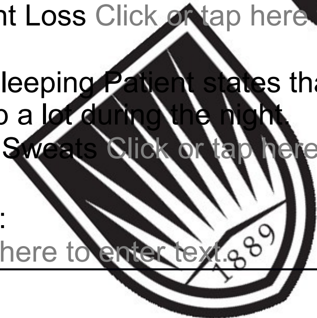

Review of Systems (ROS): *Address all body systems that may help rule in or out a differential diagnosis Check the box next to each positive symptom and provide additional details. Include all provided information. If not assessed leave blank or select "other" if not applicable to the client.*		
Constitutional If patient denies all symptoms for this system, check here: ☐	**Skin** If patient denies all symptoms for this system, check here: ☒	**HEENT** If patient denies all symptoms for this system, check here: ☒
☒Fatigue Patient states that he is tired due to the lack of not getting proper sleep at night. ☐ Weakness Click or tap here to enter text. ☐ Fever/Chills Click or tap here to enter text. ☐ Weight Gain Click or tap here to enter text. ☐ Weight Loss Click or tap here to enter text. ☒Trouble Sleeping Patient states that he wakes up a lot during the night. ☐ Night Sweats Click or tap here to enter text. ☐ Other: Click or tap here to enter text.	☐ Rashes Click or tap here to enter text. ☐ Other: Click or tap here to enter text.	☐ Diplopia Click or tap here to enter text. ☐ Vision changes Click or tap here to enter text. ☐ Photophobia Click or tap here to enter text. ☐ Earache Click or tap here to enter text. ☐ Tinnitus Click or tap here to enter text. ☐ Epistaxis Click or tap here to enter text. ☐ Vertigo Click or tap here to enter text. ☐ Hearing Changes Click or tap here to enter text. ☐ Other: Click or tap here to enter text.

Respiratory If patient denies all symptoms for this system, check here: ☒	**Neuro** If patient denies all symptoms for this system, check here: ☒	**Cardiac and Respiratory** If patient denies all symptoms for this system, check here: ☒	**MSK** If patient denies all symptoms for this system, check here: ☐
☐ Cough Click or tap here to enter text. ☐ Hemoptysis Click or tap here to enter text. ☐ Dyspnea Click or tap here to enter text. ☐ Wheezing Click or tap here to enter text. ☐ Pain on Inspiration Click or tap here to enter text. ☐ Snoring : Click or tap here to enter text. ☐ Other: Click or tap here to enter text.	☐ Syncope or Lightheadedness Click or tap here to enter text. ☐ Headache Click or tap here to enter text. ☐ Numbness Click or tap here to enter text. ☐ Tingling Click or tap here to enter text. ☐ Sensation Changes ☐ Speech Deficits Click or tap here to enter text. ☒Other: Patient admits to feelings of stress and feeling anxious	☐ Chest pain Click or tap here to enter text. ☐ SOB Click or tap here to enter text. Previous cardiac history Click or tap here to enter text. ☒Other: Patient admits to having palpitations, when feeling stressed or anxious.	☐ Pain Click or tap here to enter text. ☐Limited ROM ☐ Redness Click or tap here to enter text. ☐ involuntary movements Click or tap here to enter text. ☐ Other: Click or tap here to enter text.

Hematology/Lymphatics If patient denies all symptoms for this system, check here: ☐	**GI** If patient denies all symptoms for this system, check here: ☒	**GU** If patient denies all symptoms for this system, check here: ☒	**Endocrine** If patient denies all symptoms for this system, check here: ☐
☐ Anemia Click or tap here to enter text. ☐ Other Click or tap here to enter text.	☐ Nausea/Vomiting Click or tap here to enter text. ☐ Dysphasia Click or tap here to enter text. ☐ Diarrhea Click or tap here to enter text. ☐ Appetite Change Click or tap here to enter text. ☐ Heartburn Click or tap here to enter text. ☐ Abdominal Pain Click or tap here to enter text.	☐ Urgency Click or tap here to enter text. ☐ Polyuria Click or tap here to enter text. ☐ Nocturia Click or tap here to enter text. ☐ Incontinence Click or tap here to enter text. ☐ Other: Click or tap here to enter text.	☐ Increased appetite Click or tap here to enter text. ☐ Increased thirst Click or tap here to enter text. ☐ Thyroid disorder Click or tap here to enter text. ☐ Heat/cold intolerance Click or tap here to enter text. ☐ Excessive sweating Click or tap here to enter text. ☐ Diabetes Click or tap here to

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