Psychiatric Interview Template

| Initials: K. S | 3 | Age: 54 | Gender: Ma |
|----------------|---------------------|--|--------------------------|
| Include vita | ıl signs if provide | ed. Document not provided if not available | le. |
| Height | Weight | | Allergies (and reaction) |
| 5'9 | 150lbs | Medication: none Food: shellfish-anaphylaxis Environment: none | |

History of Present Illness (HPI)

Chief Complaint (CC)

"Got a Diagnosis for Depression"

HPI

Patient reports history of depression diagnosed around 2000-2002. Had a "break" while working as a military physician after tough on-call shifts and bad patient outcomes. Subsequently diagnosed with bipolar disorder around 2007-2008. Currently stable on medications. Wonders if bipolar diagnosis was accurate at the time. Hesitant to change treatment plan since currently doing well. Denies any recent manic or hypomanic episodes. Some depression that comes and goes." Mood, arxiety, and sleep have been pretty good lately. (Carlat, 2023). Trauma history in veterans with bipolar disorder can significantly impact suicidality (Fijtman et al., 2023).

Current Medications: Include dosage, frequency, length of time used and reason for use; also include OTC or hor

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|-----|---|----------------------|----------------------------|------------------------|-------|--|--|--|--|
| | Medication (Rx, OTC, or Homeopathic) | Dosage | Frequency | Length of Time Used | | | | | |
| Ī | Lithium | 900 mg | QHS | 15 years | Bipo | | | | |
| | Wellbutrin sustained to be a | 300 mg | Daily in the am | 6 months | Depr | | | | |
| | Synthroid | Dose unknown | Q before breakfast | Unable to obtain | Нуро | | | | |
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