



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Document Code: HSAAS/PSY/BR82

PATIENT INTERVIEW FORM

Name:

IC/ Birth Certificate No.:

Gender: D.O.B.

Registration No:

PATIENT INTERVIEW FORM

DATE OF INTERVIEW:

PLACE:

TIME:

ACCOMPANYING PERSONS PRESENT:

ASSESSOR NAME:

ALLERGIES:

REFERRAL SOURCE:

Name of Person making Referral:

Why now:



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PATIENT INTERVIEW FORM

What is the Perceived Emergency:

What outcome are they seeking:

HISTORY OF CURRENT PROBLEMS:

(Onset; precipitating events, duration; development, level of distress, symptoms of functional impairment, physiological shift patterns)



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HISTORY OF PAST PSYCHIATRIC PROBLEMS:

(Prior treatment including hospital admissions and outpatient treatment, previous suicide attempts, previous referrals, agency's involvement, therapeutic interventions)

MEDICAL HISTORY:

(Physical disabilities, accidents, surgery, hospitalization, physical illness, treatments, head injuries, seizures, headaches, pain, eye sight, hearing, speech)



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CURRENT MEDICATION:

(Prescribed or over-the counter drugs, dosage, when last taken)

FORENSIC HISTORY:

(Police involvement, charges, court appearances, outcomes)



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FAMILY HISTORY / RELATIONSHIPS / GENOGRAM:

(Medical or psychiatric family history, family membership & atmosphere, parental histories, parental health including mental health, substance use and/or disability, parental occupational status, parental education/income, genogram)

PERSONAL, DEVELOPMENTAL & SOCIAL HISTORY:

(Developmental history including major developmental milestones and events of infancy, childhood & adolescence, education/occupation/income, peer interaction, sexual adjustment, recreational interest)



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SCHOOL HISTORY:

(Current school, grade, teacher, counsellors, previous schools attended, significant others such as academic performance, learning problems, remedial teaching, participation in sports and activities)

CULTURAL & LINGUISTIC FACTORS:

(Patient's explanation of cultural norms, cultural factors affecting perception of presenting problem and treatment, relevant cultural parenting and child rearing practices, language spoken, migration and resettlement factors)



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STRENGTHS, RESOURCES & NEEDS:

(Support systems, coping skills, friendships/social relationships, physical & psychosocial assets & deficiencies, emotional, spiritual and cultural needs)



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MENTAL STATE EXAMINATION		<i>Please tick</i>	
1. APPEARANCE (Physical maturation, nutrition, body type and physique, skin, hair, facial features, distinguishing features, grooming, dress)	Weight:	<input type="checkbox"/> Obese <input type="checkbox"/> Over-weight <input type="checkbox"/> Under-weight <input type="checkbox"/> Emaciated	
	Hair:	<input type="checkbox"/> Bizarre style <input type="checkbox"/> Unnatural colour <input type="checkbox"/> Unshaven	
	Other Features:	<input type="checkbox"/> Wounds <input type="checkbox"/> Scars <input type="checkbox"/> Tattoos <input type="checkbox"/> Jewelry <input type="checkbox"/> Glasses <input type="checkbox"/> Dental Braces	
	Grooming:	<input type="checkbox"/> Disheveled <input type="checkbox"/> Soiled <input type="checkbox"/> Body odour <input type="checkbox"/> Halitosis	
	Dress:	<input type="checkbox"/> Undressed <input type="checkbox"/> Underdressed <input type="checkbox"/> Overdressed <input type="checkbox"/> Bizarre	
	Orientation:	<input type="checkbox"/> Time Disorientation <input type="checkbox"/> Place Disorientation	
	2. MOTOR BEHAVIOUR (Activity level, posture, gait, balance, coordination, power, tone, abnormal movements, startle response, mannerisms, habits, rituals, stereotyped movements; tics)	Walk:	<input type="checkbox"/> Gait/march <input type="checkbox"/> Limp <input type="checkbox"/> Shuffle <input type="checkbox"/> Assisted
		Combativeness:	<input type="checkbox"/> Cataplexy <input type="checkbox"/> Aggression
		Repetition:	<input type="checkbox"/> Gestures <input type="checkbox"/> Twitches <input type="checkbox"/> Stereotypical <input type="checkbox"/> Automatism <input type="checkbox"/> Mimicry <input type="checkbox"/> Echopraxia
		Overactivity:	<input type="checkbox"/> Psychomotor <input type="checkbox"/> Agitation <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Tic <input type="checkbox"/> Sleepwalking
		Catatonia:	<input type="checkbox"/> Catalepsy <input type="checkbox"/> Exited <input type="checkbox"/> Stupor <input type="checkbox"/> Rigidity <input type="checkbox"/> Posturing



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	<p>3. RELATIONSHIP WITH EXAMINER (Eye contact, cooperativeness, dependency, friendliness, withdrawal, evasiveness, fear, anxiety, hostility, suspiciousness, indifference, invasiveness, dramatics, suggestibility)</p>	<p>Attitude to Examiner:</p>	<input type="checkbox"/> Seductive <input type="checkbox"/> Playful <input type="checkbox"/> Ingratiating <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Interested <input type="checkbox"/> Attentive <input type="checkbox"/> Frank <input type="checkbox"/> Indifferent <input type="checkbox"/> Evasive <input type="checkbox"/> Defensive <input type="checkbox"/> Hostile
	<p>4. VOICE, SPEECH & LANGUAGE (Amplitude, pitch, tone, tempo, prosody, phonation, rhythm, fluency, articulation, comprehension, vocabulary, syntax, conversational ability, use of gesture, accent)</p>	<p>Speech Rate: Intelligibility :</p> <p>Volume:</p> <p>Speech Quality:</p> <p>Disturbances of speech:</p>	<input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Slurred Mumbled <input type="checkbox"/> Stutters <input type="checkbox"/> Accented <input type="checkbox"/> Loud <input type="checkbox"/> Whispered <input type="checkbox"/> Garrulous <input type="checkbox"/> Talkative Responsive <input type="checkbox"/> Mutism <input type="checkbox"/> Pressured Voluble <input type="checkbox"/> Poverty of Speech <input type="checkbox"/> Poverty of Content



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5. AFFECT & MOOD

(Range, control, congruity, elevation, depression, suspicion, anxiety, fear, anger, issues related to particular affects)

Mood:

- Euphoric
- Elevated
- Euthymic
- Dysphoric
- Anhedonic
- Depressed
- Grieving

Other Emotions:

- Panicked
- Fearful
- Anxious
- Tense
- Agitated
- Apathetic
- Irritable
- Angry

Other Signs:

- Ambivalence
- Mood Swings

Neuro-Vegetative:

- Anorexia
- Insomnia
- Diminished Libido
- Constipation

Affective Expression:

- Normal
- Restricted
- Blunted
- Flat

6. THOUGHT PROCESSES & CONTENT

(Tempo, fluency, goal-direction, coherence, interruptions, obsession, compulsion, delusion, phobia, flashback (intrusive traumatic imagery), abnormality of general or special sensation, distortion of the sense of time, confabulation, fabrication)

Content :

- Poverty of thought
- Overvalued idea
- Trend of thought
- Egomania
- Hypochondria
- Obsession
- Compulsion

Delusions:

- Bizarre
- Systematised
- Mood-congruent
- Mood-incongruent
- Nihilistic
- Somatic
- Paranoid
- Persecutory
- Grandeur
- Self-accusatory