

Referral Source				
Language Spoken in History Taking			Name of Interpreter	r (If Necessary)
Mode of Admission	Voluntary	Invo	oluntary	Court Order
(For Admission Cases only)	P57	P5	9	Form
Chief Complaint (Including duration)				
History of Present Illness Patient's / Informant's word (Please specify)				
Complaints, Duration				
Onset, Precipitants				
Relieving Factors				
Sleep, Appetite, Weight				
Somatic Symptoms				
Anxiety, Depression				
Psychotic Phenomena (Hallucinations, Delusions)				
Forgetfulness, Suicidality				
Deterioration of work or school performance				
Additional history from relatives/ friends (Give names)				

Past Psychiatric History
Treatment, Duration,
Compliance, Admission
(Specify hospital and dates)



Past Medical / Surgical
History, Treatment,
Duration
Compliance

Family History				
Genogram- Draw family	Male	Female	Unknown	Married
tree				
	Separa	ted	Divorce	Admission
		Conflict	or	Death
Family history of Mental Illness				
Family Support				
Family Relationships				
Dependent Children				
Personal History				
Birth, Milestone, Childhood Puberty/ Gender Issues				
School Academics, Examination Grades Obtained Sociability Extracurricular Activities				
Work Record and Income				
Relationships and Sexual history				
Marital History (Courtship, age and occupation of spouse, marital problem, children)				
Alcohol and Drugs (Name, Duration, Dose Often)				
Contact with Criminal System				



Premorbid Personality
Mental State Examination
General Appearance
(Physical state, Dress,
Personal Hygiene
Behaviour
Guarded, suspicious,
mannerisms,
cooperativeness, rapport, eye contact
Speech
Spontaneity, tone, volume,
repetition, poverty of speech, relevance,
coherence
<b>Mood</b> Anxious, depressed, elated,
euthymic, suicidal
Affect
Appropriateness, elated, depressed, blunted
Thought Content
Delusions, Suicidal
thoughts
Thought Form
Amount and rate of
production Continuity of ideas, Flight of ideas,
loosening of association,
though block, Disturbance
in language or meaning
Perceptual Disorders
Hallucinations, Illusions,
Thought content
(Delusions, Obsession)



Cognitive Assessment			
Orientation	Time	Place	Person
Memory	Registration	Short Term	Long Term
Attention and Concentration			
Intelligence			
Judgment (Test judgment/Social Judgment)			
Insight (Denial/partial/intellectual/ emotional)			
Physical Examination			
Provisional Diagnosis			
Differential Diagnosis			
Investigations			



Risk Assessment	
Specify risk (low/risk)	
Self Harm	
Sen nann	
Harm to others	
Needs and Disabilities	
Psychological, social, living	
conditions and skills	
Treatment Plan	
Signature & Cop	
Specialist/Medical Officer	
Date	