



**PSYCHIATRIC INTAKE**

Name		Sex – <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other			
SS #	Home #	Cell #			
DOB:		Email:			
Address:					
Drug Allergies					
<b>CHIEF COMPLAINT</b>					
<b>HISTORY OF PRESENT ILLNESS</b>					
<b>PREGNANCY</b>					
Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO		Last menstrual period date	Post-menopausal <input type="checkbox"/> YES <input type="checkbox"/> NO		
Wishing to become pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO		Birth control			
<b>PSYCHIATRIC HISTORY</b>					
Date	Inpatient	Outpatient	Psychiatrist Name	Location/Hospital	Reason
<b>HABITS</b>					
<b>Alcohol</b>	Current		Past		DTs/Blackouts
<b>Drugs</b>	Current		Past		Adverse reactions
<b>Smoke</b>	Packs daily		How long		When stopped
<b>Sleep</b>	Difficulty falling asleep		Continuity disturbances		DTs/Blackouts
	Snoring		Daytime drowsiness		
<b>Diet</b>	Salt		Sugar		Other
<b>Exercise</b>					
<b>Sexual Dysfunction</b>	Desire			Arousal	
<b>FAMILY PSYCHIATRIC HISTORY</b>					
<b>MEDICAL HISTORY</b>					
<b>MEDICATIONS</b>					
<b>ALLERGIES</b>					

### MENTAL STATUS EXAM

<b>APPEARANCE</b>				
Healthy	Sickly	Limp	Relaxed posture	Tense posture
Well-groomed	Unkempt	Poised	Comfortable	Ill at ease
Angry	Anxious	Depressed	Contemptuous	Other
Cooperative	Attentive	Interested	Ingratiating	Seductive
Playful	Apathetic	Guarded	Evasive	Defensive
Hostile	Paranoid	Other		
<b>BEHAVIOUR</b>				
Appropriate	Relaxed	Apathetic	Tense	Rigid
Retarded	Hyperactive	Agitated	Combative	Mannerisms
<b>Tics</b>	<b>Gestures</b>	<b>Other</b>		
<b>SPEECH</b>				
Normal	Relaxed	Slow	Hesitant	Rapid
Pressured	Soft	Loud	Monotonous	Emotional
Dysarthric	Slurred	Mumbled	Stutter	Other
<b>MOOD</b>				
Euthymic	Despairing	Empty	Futile	Guilty
Irritable	Self-contemptuous	Depressed	Awed	Expansive
Euphoric	Anxious	Terrified	Angry	Other
<b>AFFECT</b>				
Appropriate	Modulated	Labile	Dysphoric	Euphoric
Constricted	Blunted	Flat	Broad	Expansive
Other				
<b>PERCEPTIONS</b>				
Depersonalization		Derealization		
Hallucinations <input type="checkbox"/> YES <input type="checkbox"/> NO		Sensory system(s)		
Content				
Illusions				
<b>THROUGHOUT PROCESS</b>				
Goal directed	Circumstantial	Tangential	Flight of ideas	Looses association
Blocking	Preservative	Confabulation	Distractibility	Incoherent
Other				
<b>THROUGHOUT CONTENT</b>				
Preoccupations, obsessions				
Delusions				
Suicidal Ideation	Homicidal ideation	Other		
<b>COGNITION</b>				
Immediate recall	Recent memory	Remote memory	Concentration	Judgment
Abstraction	Intelligence	Orientation	Insight	Understanding
Other				

Provider's Name

Date



MIRACLE Counseling

**ADDITIONAL INFORMATION:**

Patient Name

Provider's Name

Date