PSYCHIATRIC HISTORY

NAME:	
ID No.:	
Case Number:	
REFERRAL SOURCE:	GP, Bystander, Police, Relatives, etc.
LANGUAGE SPOKEN:	Must state if there is a language barrier
CHIEF COMPLAINTS:	Why is he here? Violent? Sad?
HISTORY OF PRESENT ILLNESS:	
History from relatives:	When did it start? How long? Is it getting worse? Any treatment received? Admitted in psychiatric ward? Attempt suicide?
History from the patient:	Is there in history of mental illness in the
(List complaints, type of onset, during, precipitating factors, relieving factors)	family? Any medical illness like endocrine problems?
Possible stressors:	
Ability for work:	
Sleep pattern:	
Appetite:	
Toilet habits:	
Treatment from whatever source:	
Types of treatment given:	
FAMILY HISTORY	
Father:	
Mother:	
Siblings, children, other relatives:	
Give their ages:	
Occupations:	
Emotional relationships:	
Social Standing:	
Mental illness of other diseases in the family:	
Draw genealogical chart:	
PERSONAL HISTORY	
Birth:	
Milestones:	

Neurotic problems and general	
health conditions during childhood:	
School	
Academic record:	
Activities:	
Sociability:	
Examination:	
Grades:	
Work record	
List jobs:	
Salaries:	
Reasons for the change of job if any:	
Dates of changes:	
Sexual experiences:	
Menstrual history:	
Marriage(s)	
Age, occupation and personality of	
the spouse:	
Sociocultural background:	
Present home:	
Total family income:	
Friends:	
Social activities:	
Religious affiliation:	
Smoking habit:	
Drinking habit:	
Drug habit:	
PREMORBID PERSONALITY:	
PREVIOUS MEDICAL HISTORY:	
GENERAL APPEARANCE AND	
BEHAVIOUR:	
General Impression:	
State of Consciousness:	
Physical Appearance:	
Posture:	
Reactivity to surroundings:	
Mannerisms:	
Ability to cooperate:	
COMMUNICATION	
Language/Dialects spoken:	
Amount of words spoken:	
Coherence:	
Relevance:	

Flight of ideas:	
Loose of clang association:	
Blocking (pause):	
Circumstantiality:	
Neologisms:	
recologisms.	
MOOD	
Mood state:	
Affective response:	
Consistency of mood:	
Suicidal thoughts/intents:	
Suicidal thoughts/intents.	
THOUGHT AND PERCEPTION	
(Describe these in details)	
Hallucination:	
Delusion:	
Thought broadcasting:	
Thought broadcasting. Thought insertion:	
Thought hisertion. Thought withdrawal:	
Feelings of passivity:	
Depersonalization:	
Hypochondriasis:	
Preoccupations:	
Obssessions/Compulsions: Phobias/Fears	
Overdetermined ideas	
Repetitive dreams:	
Fantasies/Hopes	
ODJENJE A JEJONI	
ORIENTATION	
(Time, Place, person)	
MEMORY	
Immediate memory	
Recent memory	
5-min memory test	
INDODMATION AND VOCADULARY	
INFORMATION AND VOCABULARY	
Estimate intelligence level:	
Abstraction:	
Proverbs test:	
Similarities:	
A TOTEL TOTAL AND CONCERNOD A TOTAL	
ATTENTION AND CONCENTRATION	
Distractibility:	
7 test:	

Digit span:	
Judgment:	
Situational test:	
Insight:	
PHYSICAL EXAMINATION:	
DIAGNOSIS:	·
TREATMENT PLAN:	
Name and Signature:	
Date:	_