



RE:  
CASE NUMBER:

4. **FAMILY, SOCIAL, AND ENVIRONMENTAL HISTORY:** Briefly discuss the following areas, if relevant: family, education, marriage, divorce, work, sickness, alcohol, drug abuse, prison, etc.

5. **CURRENT MENTAL STATUS:**

- A. **Attitude and Behavior:** Please describe the patient's general attitude, e.g., pleasant, hostile, relaxed, fearful, etc., and any examples of noteworthy behavior, e.g., tearfulness, motor activity, emotional lability, etc.

- B. **Intellectual Functioning/Sensorium:** Please describe and provide specific examples of orientation, memory, concentration, perceptual or thinking disturbance, judgment, etc. If intellectual functioning or organic involvement have been measured with standardized tests, please include any available results including dates of testing

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C. **Affective Status:** Please present any evidence of anxiety, depression phobias, manic syndrome, inappropriate affect, somatoform disorder, suicidal/homicidal ideation, etc. Please describe objective signs of any diagnosed affective disorder, e.g., weight change, insomnia, decreased energy, feelings of guilt or worthlessness, anhedonia, etc.

D. **Reality Contact:** Does the patient present delusions, hallucinations, paranoid ideation, confusion, mood swings, emotional lability, emotional withdrawal and/or isolation, catatonic or grossly disorganized behavior, loosening of associations, etc.? Please describe in detail.

6. **CURRENT LEVEL OF FUNCTIONING:** Indicate to what extent (if any) the patient's current mental condition interferes with each of the following. Provide supporting data and examples.

A. **Present Daily Activities:** Discuss the degree of assistance or direction needed to properly care for personal affairs, do shopping, cook, use public transportation, pay bills, maintain residence, care for grooming and hygiene, etc. In what ways, if any, have the patient's daily activities changed as a result of the patient's mental condition?

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**B. Social Functioning:** Describe the patient's capacity to interact appropriately and communicate effectively with family members, neighbors, friends, landlords, fellow employees, etc. In what ways, if any, have these changed as a result of the patient's condition?

**C. Concentration and Task Completion:** Describe the patient's ability to sustain focused attention, complete everyday household routines, follow and understand simple written or oral instructions, etc. In what ways, if any, have these changed as a result of the patient's condition?

**D. Adaptation to Work or Work-like Situations:** Describe the patient's ability to adapt to stresses common to the work environment including decision making, attendance, schedules, and interaction with supervisors. In what way, if any, have these changed as a result of the patient's condition?

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7. CURRENT MEDICATION (if any): List dosage and response.

8. DIAGNOSIS: (DSM IV)

9. PROGNOSIS: Can the patient's condition be expected to improve? If so, when do you consider significant changes likely to occur?

10. COMPETENCY: Is the patient competent to manage funds on his/her own behalf?  
 YES  NO

11. Date of first examination \_\_\_\_\_

Date of last examination \_\_\_\_\_

Frequency of visits \_\_\_\_\_

12. ADDITIONAL COMMENTS: Attach additional pages if necessary.

Name of reporting Psychiatrist/Psychologist (Print or type):

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_ Best Time to Call, If Necessary \_\_\_\_\_