



Case No. \_\_\_\_\_ Attending Psychiatrist \_\_\_\_\_ Date of Interview \_\_\_\_\_

**Screening**

*Search for possible incidence of the following, regardless of how the complaint is presented: depression, manias, panic, phobias, obsessions and compulsion, psychosis, childhood abuse, drug abuse, suicidal or violent tendencies.*

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**Mental Examination**

*1. Visual cues (noted during interview); alertness, clothing, motor activity, facial expression, affect.*

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*2. Speech cues (noted during interview); loose associations, tangentiality, flight of ideas, rate of speech, other verbal peculiarities.*

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*3. Cognitive cues (noted during interview); delusions, hallucinations, anxieties, phobias, obsessions & compulsions, insight & judgement.*

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**Formal Mental Status Examination**

*Orientation to person, place and time, language, memory, cultural information, abstract thinking.*

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**Diagnostic Impression** \_\_\_\_\_

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**Recommended Plan For Treatment** \_\_\_\_\_

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*Psychiatrist's Signature.*

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*Date.*