

Intake Shaar Menashe

Referral: Who?, and why? Referred

Chief Complaint: trigger, any phenomenological transition change.

Current psychiatric illness: phenomenology (signs and symptoms) starting recently for current referral hospitalization ect..

Past psychiatric illness: ordered as:

Before	Hospitalizations or outpatient visits	After
Causes	Type of treatments hospitalizations	Consequences
	For each clinical integration	
	For each clinical integration	

Psychological Development & personality: story of lifetime event-related characteristics

Physical illness history and exam:

Family history: in terms of drug abuse genetics suicide ect.. (continue next page)

Mental Status Examination:

<u>Appearance</u>	<u>Behavior</u>	<u>Speech</u> Volume, Loudness Modulation Organization	<u>Attitude to examiner</u>
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<u>Thought</u> Organization Content Risk (suicide homicide) Content delusions Abstraction (categories proverbs)	<u>Perception</u> Hallucinations	<u>Affect</u> Quality Congruency (appropriate) (to situation, to content. To subjective experience) Reactivity
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<u>Orientation</u> Time location People	<u>Concentration</u> 100-3	<u>Memory</u> Immediate Short Intermediate Long
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<u>Judgment</u> Psychotic = disturbed reality testing = when delusional and/or hallucinating	<u>Insight</u> Complete Partial Non
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Diagnosis and differential diagnosis:

- 1.
- 2.
- 3.

Risk and legal issues:

Medication and treatments: (the bio-psycho-social model)

Prognosis: