

PSYCHIATRY PROGRESS NOTE

LOCATION		DATE OF VISIT	11/18/2023
PATIENT NAME		DATE OF BIRTH	
ALLERGIES		PHARMACY	
PRIMARY CARE		THERAPIST	
CHIEF COMPLAINT			
INTERVAL HISTORY			
SUBSTANCE USE			
MEDICAL HISTORY			
MEDICATIONS			

MENTAL STATUS EXAMINATION

VITAL SIGNS	HEIGHT	WEIGHT (lbs)	BLOOD PRESSURE	HEART RATE	RESPIRATORY RATE	TEMP (F)
APPEARANCE & BEHAVIOR	<input type="checkbox"/> Appears stated age <input type="checkbox"/> Appears younger than stated age. <input type="checkbox"/> Appears older than stated age <input type="checkbox"/> Wearing appropriate attire <input type="checkbox"/> Wearing inappropriate attire.		<input type="checkbox"/> Good hygiene <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Scars <input type="checkbox"/> Tattoos <input type="checkbox"/> Physical Deformities <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Good eye contact <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Irritable <input type="checkbox"/> Guarded <input type="checkbox"/> Uncooperative <input type="checkbox"/> Manipulative <input type="checkbox"/> Agitated			
PSYCHOMOTOR	<input type="checkbox"/> Normal <input type="checkbox"/> Restless <input type="checkbox"/> Agitated <input type="checkbox"/> Hyperactive <input type="checkbox"/> Slowed/Bradykinetic <input type="checkbox"/> Involuntary movements					
SPEECH	QUALITY: <input type="checkbox"/> Fluent <input type="checkbox"/> Spontaneous <input type="checkbox"/> Stuttering <input type="checkbox"/> Para-phasic errors <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Slurred AMOUNT: <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased RATE: <input type="checkbox"/> Normal <input type="checkbox"/> Slowed <input type="checkbox"/> Rapid/Pressured tone: <input type="checkbox"/> Irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Dysphoric <input type="checkbox"/> Timid <input type="checkbox"/> Angry <input type="checkbox"/> Child-like <input type="checkbox"/> Monotone					
MOOD & AFFECT	MOOD: <input type="checkbox"/> Depressed <input type="checkbox"/> Sad <input type="checkbox"/> Angry <input type="checkbox"/> Excited <input type="checkbox"/> Happy AFFECT: <input type="checkbox"/> Euthymic <input type="checkbox"/> Dysphoric <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Tearful <input type="checkbox"/> Sobbing <input type="checkbox"/> Flat <input type="checkbox"/> Normal <input type="checkbox"/> Restricted <input type="checkbox"/> Labile <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Congruent with mood <input type="checkbox"/> Incongruent with mood					
THOUGHT PROCESS	<input type="checkbox"/> Linear <input type="checkbox"/> Logical <input type="checkbox"/> Goal-directed <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Perseverative <input type="checkbox"/> Thought blocking <input type="checkbox"/> Derailment <input type="checkbox"/> Clang association <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Neologisms <input type="checkbox"/> Loose associations.					
THOUGHT CONTENT	<input type="checkbox"/> No suicidal thoughts <input type="checkbox"/> No homicidal thoughts <input type="checkbox"/> Suicide thoughts <input type="checkbox"/> Suicidal intent <input type="checkbox"/> Suicide plan <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Ruminations <input type="checkbox"/> Compulsions <input type="checkbox"/> Magical Thinking					
PERCEPTIONS	<input type="checkbox"/> No hallucinations <input type="checkbox"/> No illusions <input type="checkbox"/> Visual Hallucinations <input type="checkbox"/> Auditory Hallucinations <input type="checkbox"/> Illusions <input type="checkbox"/> Depersonalization <input type="checkbox"/> Derealization					
COGNITION	ALERTNESS: <input type="checkbox"/> Alert <input type="checkbox"/> Awake <input type="checkbox"/> Drowsy <input type="checkbox"/> Sedated ORIENTATION: Oriented <input type="checkbox"/> to person <input type="checkbox"/> to place <input type="checkbox"/> to time. <input type="checkbox"/> Disoriented MEMORY: Immediate recall is <input type="checkbox"/> intact <input type="checkbox"/> impaired. Short term memory is <input type="checkbox"/> intact <input type="checkbox"/> impaired. Remote memory is <input type="checkbox"/> intact <input type="checkbox"/> impaired.					
INSIGHT & JUDGMENT	INSIGHT: <input type="checkbox"/> Intact <input type="checkbox"/> Partially intact <input type="checkbox"/> Impaired JUDGMENT: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired					
ATTENTION	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired			ABSTRACT THINKING		<input type="checkbox"/> Intact <input type="checkbox"/> Impaired

Progress Note Template Psychiatry

Michal Rosen-Zvi



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Table of Contents Progress Note Template Psychiatry

1. Understanding the eBook Progress Note Template Psychiatry
 - The Rise of Digital Reading Progress Note Template Psychiatry
 - Advantages of eBooks Over Traditional Books
2. Identifying Progress Note Template Psychiatry
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Progress Note Template Psychiatry
 - User-Friendly Interface
4. Exploring eBook Recommendations from Progress Note Template Psychiatry
 - Personalized Recommendations
 - Progress Note Template Psychiatry User Reviews and Ratings
 - Progress Note Template Psychiatry and Bestseller Lists
5. Accessing Progress Note Template Psychiatry Free and Paid eBooks

- Progress Note Template Psychiatry Public Domain eBooks
 - Progress Note Template Psychiatry eBook Subscription Services
 - Progress Note Template Psychiatry Budget-Friendly Options
6. Navigating Progress Note Template Psychiatry eBook Formats
 - ePub, PDF, MOBI, and More
 - Progress Note Template Psychiatry Compatibility with Devices
 - Progress Note Template Psychiatry Enhanced eBook Features
 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Progress Note Template Psychiatry
 - Highlighting and Note-Taking Progress Note Template Psychiatry
 - Interactive Elements Progress Note Template Psychiatry
 8. Staying Engaged with Progress Note Template Psychiatry
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Progress Note Template Psychiatry
 9. Balancing eBooks and Physical Books Progress Note Template Psychiatry
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Progress Note Template Psychiatry
 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
 11. Cultivating a Reading Routine Progress Note Template Psychiatry
 - Setting Reading Goals Progress Note Template Psychiatry
 - Carving Out Dedicated Reading Time
 12. Sourcing Reliable Information of Progress Note Template Psychiatry
 - Fact-Checking eBook Content of Progress Note Template Psychiatry
 - Distinguishing Credible Sources
 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks
14. Embracing eBook Trends
- Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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