

HARMONIOUS MIND LLC

PSYCHIATRIC OUTPATIENT

Provider	Date(s)	Reason	Outcome

PSYCHIATRIC MEDICATIONS TRIED

Name	Dose	Date/Duration	Response

FAMILY MEMBERS: *(list family members living together)*

Last Name	First Name	Age	Gender M / F	School Grade or Occupation	Relationship to Patient

OTHER FAMILY MEMBERS: *(list other important family members)*

Last Name	First Name	Age	Gender M / F	School Grade or Occupation	Relationship to Patient

List important family events, such as deaths, divorce or separation, shifts of location or employment, etc.: _____

PATIENT'S HISTORY:

Has patient had change in appetite:?

increase

decrease:

allergies to: milk soy wheat citrus other _____

binges

purges

restricts (anorexic)

other _____

Sleeping? no

yes:

hard to get to sleep

awakens during night

awakens early

hard to get up

nightmares

night terrors

sleep walking/talking

other _____

Menstruating?

does not apply

not yet

yes since age: _____

Menses are:

normal

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- irregular
- too frequent
- too infrequent
- too long
- absent due to pregnancy anorexia menopause
- other _____

Explain: _____

Medical / Surgical History:

Illnesses - list and explain: _____ at age: _____

_____ at age: _____

_____ at age: _____

Serious Allergies: none penicillin other _____

Current Medications: none

Drug: _____ mg/dose _____ doses/day

Drug: _____ mg/dose _____ doses/day

Drug: _____ mg/dose _____ doses/day

Drug: _____ mg/dose _____ doses/day

Physical Examination:

- Do you know your blood pressure? No Yes ____/____
- Do you know your pulse rate? No Yes _____/minute
- Do you know your breathing rate? No Yes _____/minute
- Do you know your weight in pounds? No Yes _____ lbs.
- Do you know your weight in kilograms? No Yes _____ kgs.
- Do you know your height in feet and inches? No Yes ____ ft ____ in
- Do you know your Body Mass Index? No Yes _____

Body Mass Index (BMI) is an important indicator of health. The formula is:

- BMI = weight in kilograms/ (height in meters)²
- BMI = weight in pounds/ (height in inches)² x 703.1
- BMI less than 18.5 is underweight.
- BMI between 18.5 and 24.9 is normal weight.
- BMI between 25 and 30 is overweight.
- BMI between 30 and 40 is obese.
- BMI greater than 40 is extremely obese.

last physical exam: recent last 6 months last year

last lab tests (blood work): recent last 6 months last year Requesting Doctor: _____

results: normal abnormal, explain: _____

Sexually Active: no yes _____ If female: # of pregnancies ____ # of deliveries _____

Tobacco / Nicotine use: none

yes, how much: _____

Caffeine use: none

yes, explain: _____

Alcohol use: none

yes, name & details: _____

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Drug use: none
 yes, name & details: _____

Pain problems and treatment: none yes, *explain:* _____

Has the patient been **abused** in any way (physically, emotionally, sexually)? no yes, *explain:* _____

FAMILY HISTORY: *(other than the patient)*

Family Medical History: no serious illnesses serious illnesses, *explain:* _____

Family Psychiatric History: no serious illnesses serious illness, including drug/alcohol abuse, *explain:* _____

LEGAL HISTORY: none Contact with: Department of Social Services Police for : _____

EMPLOYMENT HISTORY: unemployed employed: part-time full-time as _____

Current Employer: _____

Work history/previous jobs/reasons for job Change: _____

RELATIONSHIP CHANGES *(Provide Significant details):* _____

SOCIAL SUPPORT / STRESSES

SPIRITUAL ORIENTATION: organized religion _____ practicing non-practicing personal beliefs only

CULTURAL INFLUENCES: supportive Problematic: multi-cultural family multi-cultural community gang
 other _____

EDUCATIONAL HISTORY:

Highest grade reached: 1 2 3 4 5 6 7 8 9 10 11 12

Trade School _____ yrs. College 1 2 3 4 Graduate School: _____

Special Ed

PT. SIGNATURE: _____ **Name & Relationship to Pt.** _____

PROVIDER NAME: _____ **PROVIDER SIGNATURE:** _____