

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:** _____