

FACILITY/AGENCY: Riley Hospital for Children at IU Health

PSYCHIATRIC PROGRESS NOTE

Provider: Jane Doe, MD

Patient Name: John Doe

Date of Service: 1/24/17

Patient DOB: 12/31/99

Chief Complaint:

Start time:

End time:

Vital Signs:BP:

HR:

Wt:

Ht:

Resp:

Allergies:

All Current Medications:

Psychiatric Diagnoses:

Staff/Family in Attendance:

History of the Present Illness:

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Review of Systems: See form or comment below:

Medical Conditions:

Staff/Therapist Reports:

Type and Frequency of Therapy Received:

School/Family Update:

Mental Status Examination:

- Clean/neat Disheveled Normal body habitus Habitus
- Dysmorphic features Casual gait and station intact
- AIMS exam completed, see form Tics/tremor
- Other:

Mood:

Affect:

Speech:

- Non-verbal Normal rate/volume Fast Slow Pressured Loud Soft
- Well-articulated Articulation problems Spontaneous Non-spontaneous
- Paucity of Language Perseveration Echolalia
- Other:

Thought Process:

- Logical/sequential/pertinent Circumstantial Concrete
- Other:

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Associations:

Intact Circumstantial Tangential Loose

Other:

Thought Content:

No suicidal/homicidal ideation No auditory/visual hallucinations/delusions

SI/HI present:

Hallucinations present:

Additional comments:

Insight:

Good Fair Poor

Comment:

Judgment:

Good Fair Poor

Comment:

Lab Data Collected/Reviewed:

Assessment and Plan:

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Assessment and Plan continued:

Continue Current Medications:

New medication started:

Rationale for medication start:

Consent obtained see consent form staff member to obtain consent:

Due to medication start, will monitor the following:

AIMS

VS: HR every

BP every

weight every:

Height every:

Labs: CBC w/diff every

CMP every

LFT every

HgB A1C every

Drug level every

Lipid profile every

TSH every

UA every

Other :

Medication changed or discontinued/rationale:

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Consults Ordered and Rationale:

Next visit in

weeks/

months

Printed name and title: Jane Doe, MD

Date: