Psychiatric History

- Not indicated this visit
- Could not be assessed at time of visit

Psychiatric History
- None
- Could not be assessed

Family Psychiatric History
- Mother
- Father
- Sibling
- Child

Substance Abuse History
- Tobacco
- Alcohol
- Street Drugs
- Pain Meds

Further historical detail provided in Comments area

Comments:

Psychiatric Clinical Evaluation

- Not indicated this visit
- Could not be assessed at time of visit

Appearance
- Disheveled
- Poor Hygiene
- Appears Unhealthy

General Intellect
- Average
- Limited Education
- Intellectually Challenged

Motor Status
- Normal
- Abnormal Gait
- Abnormal Posture

Facial Expression / Affect
- Appropriate
- Blunted
- Euphoric

Vital Signs
- Normal
- High
- Low

Thoughts
- Appropriate
- Blunted
- Euphoric

Orientation/ Memory
- Oriented x 4 (All Spheres)
- Forgetful
- Confused
- Confused

Reports Patient Symptoms

- Not indicated this visit
- Could not be assessed at time of visit

Patient reports:
- NA - Patient unable to identify at time of visit

Caregiver reports:
- NA - No caregiver available, or unable to report at time of visit

Comments:
### Screening Tools

- **BPRS**
  - Score: 
  - Not indicated this visit

- **CSDD**
  - Score: 
  - Not indicated this visit

- **GDS**
  - Score: 
  - Not indicated this visit

- **HAM-A**
  - Score: 
  - Not indicated this visit

- **SPMSQ**
  - Score: 
  - Not indicated this visit

- **AIMS**
  - Observed Movements: 
  - Overall Severity: 
  - Not indicated this visit

- **SLIMS**
  - Score: 
  - Not indicated this visit

- **PHQ-2**
  - Score: 
  - Not indicated this visit

- **PHQ-9**
  - Score: 
  - Not indicated this visit

- **GAD-7**
  - Score: 
  - Not indicated this visit

### Examination Narrative/Comments

- Not indicated this visit

### Diagnostic Impression

- Not indicated this visit

- **Axis I:** Clinical Disorders
- **Axis II:** Personality Disorders & Mental Retardation
- **Axis III:** General Medical Conditions
- **Axis IV:** Psychosocial and Environmental Problems
- **Axis V:** Global Assessment of Functioning

### Clinician Signature & Name

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Name (Last Name, First Name MI)</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Psychiatric Worksheet Screening Tools

#### BPRS: Brief Psychiatric Rating Scale

Please enter the score for the term that best describes the patient's condition.

Scoring: 0 = Not Assessed, 1 = Not Present, 2 = Very Mild, 3 = Mild, 4 = Moderate, 5 = Moderately Severe, 6 = Severe, 7 = Extremely Severe

Add total of all entries; sum is equal to total score.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Somatic Concern</td>
<td>Preoccupation with physical health, fear of physical illness, hypochondriasis.</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>Worry, fear, over-concern for present or future, uneasiness.</td>
</tr>
<tr>
<td>3. Emotional Withdrawal</td>
<td>Lack of spontaneous interaction, isolation deficiency in relating to others.</td>
</tr>
<tr>
<td>5. Guilt Feelings</td>
<td>Self-blame, shame, remorse for past behavior.</td>
</tr>
<tr>
<td>6. Tension</td>
<td>Physical and motor manifestations of nervousness, over-activation.</td>
</tr>
<tr>
<td>7. Mannerisms and Posturing</td>
<td>Peculiar, bizarre, unnatural motor behavior (not including tic).</td>
</tr>
<tr>
<td>8. Grandiosity</td>
<td>Exaggerated self-opinion, arrogance, conviction of unusual power or abilities.</td>
</tr>
<tr>
<td>10. Hostility</td>
<td>Animosity, contempt, belligerence, disdain for others.</td>
</tr>
<tr>
<td>11. Suspiciousness</td>
<td>Mistrust, belief others harbor malicious or discriminatory intent.</td>
</tr>
<tr>
<td>13. Motor Retardation</td>
<td>Slowed, weakened movements or speech, reduced body tone.</td>
</tr>
<tr>
<td>15. Unusual Thought Content</td>
<td>Unusual, odd, strange, bizarre thought content.</td>
</tr>
<tr>
<td>16. Blunted Affect</td>
<td>Reduced emotional tone, reduction in formal intensity of feelings, flatness.</td>
</tr>
<tr>
<td>17. Excitement</td>
<td>Heightened emotional tone, agitation, increased reactivity.</td>
</tr>
<tr>
<td>18. Disorientation</td>
<td>Confusion or lack of proper association for person, place or time.</td>
</tr>
</tbody>
</table>

**SCORE:**

## CSDD: Cornell Scale for Depression in Dementia

**Ratings should be based on symptoms and signs occurring the week before interview.**

No score should be given if symptoms result from physical disability or illness.

Scoring: a (0) = Unable to evaluate, 0 = Absent, 1 = Mild to Intermittent, 2 = Severe

Add total of all entries; sum is equal to total score.

### A. Mood-Related Signs

1. Anxiety; anxious expression, rumination, worrying
2. Sadness; sad expression, sad voice, tearfulness
3. Lack of reaction to pleasant events
4. Irritability; annoyed, short tempered

### B. Behavioral Disturbance

5. Agitation; restlessness, hand wringing, hair pulling
6. Retardation; slow movements, slow speech, slow reactions
7. Multiple physical complaints (score 0 if gastrointestinal symptoms only)
8. Loss of interest; less involved in usual activities (score 0 only if change occurred acutely, i.e., in less than one month)

### C. Physical Signs

9. Appetite loss; eating less than usual
10. Weight loss (score 2 if greater than 5 pounds in one month)
11. Lack of energy; fatigues easily, unable to sustain activities

### D. Cyclic Functions

12. Diurnal variation of mood; symptoms worse in the morning
13. Difficulty falling asleep; later than usual for this individual
14. Multiple awakenings during sleep
15. Early morning awakening; earlier than usual for this individual

### E. Ideational Disturbance

16. Suicidal; feels life is not worth living
17. Poor self-esteem; self-blame, self-depreciation, feelings of failure
18. Pessimism; anticipation of the worst
19. Mood congruent delusions; delusions of poverty, illness or loss

**SCORE:**

### GDS: Geriatric Depression Scale

**Select the answer that best describes how the patient reports feeling over the past week.**

Scoring: 0 = non bolded answers, 1 = bolded answers

Add total of all entries; sum is equal to total score.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you basically satisfied with your life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you dropped many of your activities and interests?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you feel that your life is empty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you often get bored?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are you in good spirits most of the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are you afraid that something bad is going to happen to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you feel happy most of the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you often feel helpless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you prefer to stay at home, rather than going out and doing things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you feel that you have more problems with memory than most?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you think it is wonderful to be alive now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you feel worthless the way you are now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you feel full of energy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Do you feel that your situation is hopeless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you think that most people are better off than you are?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCORE:**


### HAM-A: Hamilton Anxiety Scale

Scoring: 0 - 4, with 0 = Not Present and 4 = Severe

Add total of all entries; sum is equal to total score.

<table>
<thead>
<tr>
<th>Section</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anxious Mood</td>
<td></td>
</tr>
<tr>
<td>Worries; Anticipates worst</td>
<td></td>
</tr>
<tr>
<td>2. Tension</td>
<td></td>
</tr>
<tr>
<td>Startles; Cries easily; Restless; Trembling</td>
<td></td>
</tr>
<tr>
<td>3. Fears</td>
<td></td>
</tr>
<tr>
<td>Fear of the dark; Fear of strangers; Fear of being alone; Fear of animals</td>
<td></td>
</tr>
<tr>
<td>4. Insomnia</td>
<td></td>
</tr>
<tr>
<td>Difficulty falling asleep or staying asleep; Difficulty with nightmares</td>
<td></td>
</tr>
<tr>
<td>5. Intellectual</td>
<td></td>
</tr>
<tr>
<td>Poor concentration; Memory impairment</td>
<td></td>
</tr>
<tr>
<td>6. Depressed Mood</td>
<td></td>
</tr>
<tr>
<td>Decreased interest in activities; Anhedonia; Insomnia</td>
<td></td>
</tr>
<tr>
<td>7. Somatic Complaints: Muscular</td>
<td></td>
</tr>
<tr>
<td>Muscle aches or pains; Bruxism</td>
<td></td>
</tr>
<tr>
<td>8. Somatic Complaints: Sensory</td>
<td></td>
</tr>
<tr>
<td>Tinnitus; Blurred vision</td>
<td></td>
</tr>
<tr>
<td>9. Cardiovascular Symptoms</td>
<td></td>
</tr>
<tr>
<td>Tachycardia; Palpitations; Chest pain; Sensation of feeling faint</td>
<td></td>
</tr>
<tr>
<td>10. Respiratory Symptoms</td>
<td></td>
</tr>
<tr>
<td>Chest pressure; Choking sensation; Shortness of breath</td>
<td></td>
</tr>
<tr>
<td>11. Gastrointestinal Symptoms</td>
<td></td>
</tr>
<tr>
<td>Dysphagia; Nausea or vomiting; Constipation; Weight loss; Abdominal fullness</td>
<td></td>
</tr>
<tr>
<td>12. Genitourinary Symptoms</td>
<td></td>
</tr>
<tr>
<td>Urinary frequency or urgency; Dysmenorrhoea; Impotence</td>
<td></td>
</tr>
<tr>
<td>13. Autonomic Symptoms</td>
<td></td>
</tr>
<tr>
<td>Dry mouth; Flushing; Pallor; Sweating</td>
<td></td>
</tr>
<tr>
<td>14. Behavior at Interview</td>
<td></td>
</tr>
<tr>
<td>Fidgets; Tremor; Paces</td>
<td></td>
</tr>
</tbody>
</table>

**SCORE:**

**SPMSQ: Short Portable Mental Status Questionnaire**

Scoring: 1 = Correct, 0 = Error. Add total of all entries; sum is equal to total score, adjusted for education level (see below).

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Less than High School</th>
<th>High School</th>
<th>More than High School</th>
</tr>
</thead>
</table>

Enter patient’s response in fields provided, and mark as correct or error. All responses, to be scored correct, must be given by subject without reference to calendar, newspaper, birth certificate or other memory aid.

1. What is the date today?  
   Month | Day | Year | Correct | Error
2. What day of the week is it?  
   Day | Correct | Error
3. What is the name of this place?  
   Score correct if any correct description of location is given, e.g., "my home," accurate name of town, city or name of residence, etc.  
   Correct | Error
4. What is your telephone number?  
   Score correct when correct number can be verified or when subject can repeat the same number at another point in the conversation.  
   If patient does not have telephone number:  
   What is your street address?  
   Correct | Error
5. How old are you?  
   Age: | Correct | Error
6. When were you born?  
   Score correct only when exact month, date, and year are given.  
   Month | Day | Year | Correct | Error
7. Who is the President of the United States now?  
   Only the last name of the President is required.  
   Correct | Error
8. Who was the President before him?  
   Only the last name of the President is required.  
   Correct | Error
9. What was your mother's maiden name?  
   Does not need to be verified. Score correct if female name plus last name other than subject is given.  
   Correct | Error
10. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.  
    20 | 17 | 14 | 11 | 8 | 5 | 2 | Correct | Error

The entire series must be performed correctly in order to be scored correct. Any error in series or unwillingness to attempt series is scored as incorrect.

**SCORE:**

Error score adjusted to Level of Education: 1 point subtracted from error score if subject has had Less than High School education; 1 point added to error score if subject has had More than High School education.

---

# AIMS: Abnormal Involuntary Movement Scale

**Rate highest severity observed in category I, II, III. Rate movements that occur upon activation one point less than those observed spontaneously.**

**Scoring:** 0 = None, 1 = Minimal, 2 = Mild, 3 = Moderate, 4 = Severe

**Observed Movements:** Add total of entries in questions 1 - 7; sum is equal to score

**Overall Severity:** score is equal to entry in question 8

## I. Facial & Oral Movements

1. **Muscles of Facial Expression:** movements of forehead, eyebrows, periorbital area, cheeks
   - Frowning
   - Blinking
   - Smiling
   - Grimacing

2. **Lips and Perioral Area**
   - Puckering
   - Pouting
   - Smacking

3. **Jaw**
   - Biting
   - Clenching
   - Chewing
   - Mouth opening
   - Lateral Movement

4. **Tongue:** increases in movement both and in and out of mouth only, NOT inability to sustain movement
   - Darting in and out of mouth

## II. Extremity Movements

5. **Upper:** arms, wrists, hands, fingers (do NOT include tremor, i.e., repetitive, regular, rhythmic)
   - Choreic movements (rapid objectively purposeless, irregular, spontaneous)
   - Athetoid movements

6. **Lower:** legs, knees, ankles, toes
   - Lateral knee movement
   - Foot tapping
   - Heel dropping
   - Foot squirming
   - Inversion & eversion of foot

## III. Trunk Movements

7. **Neck, shoulders and hips**
   - Rocking
   - Twisting
   - Squirming
   - Pelvic gyrations

## IV. Global Judgement

8. Severity of abnormal movements overall

9. Incapacitation due to abnormal movements

### Scoring for question 10:
- 0 = No awareness
- 1 = Aware/no distress
- 2 = Aware/mild distress
- 3 = Aware/moderate distress
- 4 = Aware/severe distress

10. **Patient's awareness of abnormal movements; rate only patient's report**

## V. Dental Status

11. **Current problems with teeth and/or dentures**
   - Yes
   - No

12. **Are dentures usually worn?**
   - Yes
   - No

13. **Endentia?**
   - Yes
   - No

14. **Do movements disappear with sleep?**
   - Yes
   - No

---

## Psychiatric Worksheet

**SLUMS: VAMC St Louis University Mental Status Examination**

**Scoring:** Point amounts are indicated in parentheses next to question. Add total of all points; sum is equal to total score.

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Is patient alert?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Less than High School</td>
<td>O Yes O No</td>
</tr>
<tr>
<td>O High School or Greater</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Correct (1)</th>
<th>Incorrect (0)</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What day of the week is it?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. What is the year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What state are we in?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ask patient to remember the following five objects for later recall: Apple, Pen, Tie, House, Car</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Please name as many animals as you can in one minute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. What were the five objects I asked you to remember?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I am going to give you a series of numbers and I would like you to give them to me backwards.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Please select the triangle below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Score:**

**PHQ-2: Patient Health Questionnaire - 2**

**Over the last 2 weeks, how often has the patient been bothered by any of the following problems?**

Scoring: 0 = Not at all, 1 = Several days, 2 = More than half the days, 3 = Nearly every day

*Add total of all entries; sum is equal to total score*

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all difficult</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCORE:**

*If the patient checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?*

- Not at all difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

Ref: Developed by Drs Robert L Spitzer, Janet B.W. Williams, Kurt Korenke and colleagues, with an educational grant from Pfizer Inc.

**PHQ-9: Patient Health Questionnaire - 9**

**Over the last 2 weeks, how often has the patient been bothered by any of the following problems?**

Scoring: 0 = Not at all, 1 = Several days, 2 = More than half the days, 3 = Nearly every day

*Add total of all entries; sum is equal to total score*

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all difficult</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite -- being so fidgety or restless that you have been moving around a lot more than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCORE:**

*If the patient checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?*

- Not at all difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

Ref: Developed by Drs Robert L Spitzer, Janet B.W. Williams, Kurt Korenke and colleagues, with an educational grant from Pfizer Inc.

**GAD-7**

**Over the last 2 weeks, how often has the patient been bothered by any of the following problems?**

Scoring: 0 = Not at all, 1 = Several days, 2 = More than half the days, 3 = Nearly every day

*Add total of all entries; sum is equal to total score*

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all difficult</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCORE:**

Ref: Developed by Drs Robert L Spitzer, Janet B.W. Williams, Kurt Korenke and colleagues, with an educational grant from Pfizer Inc.