

Psychiatry Clerkship: Detailed Study of The Patient Guide ~ Cory Baughman

Informants:

Right or Left handed

History of Present Illness

1. Events surrounding hospitalization (Why now, why today? Stressors?):
 - a. Corroboration (why now, why today? Stressors?):

2. Presenting clinical syndrome described (***):
 - a. Corroboration

3. Psychiatric ROS (common Disd & DDX)-see attached sheet

Past Psychiatric History

4. Premorbid personality (What were you like as a kid? School, Peers? How would you describe yourself before the diagnosis):
 - a. Informants:

- S. Course of illness (When did it start):
 - a. When did symptoms start? What was happening at the time?

 - b. Medications you have taken:
 - i. When (how long), how it affected you, why you stopped,

- c. Psychiatric hospitalizations

- d. Other residential treatments:

- e. History of Suicidal behavior (ideation, plans, actions, passive?):

- f. History of Self harm behavior (how long, intent):

- g. History of aggression, violence:

- h. Access to firearms:
- i. Self harm now: Plan:
- j. Homicidal ideation now: Plan:
- k. Suicidal ideation now: Plan:

6. Current psychiatric conditions:

7. Current psychiatric medications (DOSES)/treatments (ECT)/therapy, have you always been on that dose:

Medical History

8. Diseases/conditions

- a. Disease #1 _____
 - i. Onset:
 - ii. Time Course:
 - iii. Status (controlled, w/ what? Meds?):
 - iv. Effect on mental health:

- b. Disease #2 _____
 - i. Onset:
 - ii. Time Course:
 - iii. Status (controlled, w/ what? Meds?):
 - iv. Effect on mental health:

- c. Disease #3 _____
 - i. Onset:
 - ii. Time Course:

- iii. Status (controlled, w/ what? Meds?):
- iv. Effect on mental health:

d. Disease #4 _____

- i. Onset:
- ii. Time Course:
- iii. Status (controlled, w/ what? Meds?):
- iv. Effect on mental health:

e. Disease #5 _____

- i. Onset:
- ii. Time Course:
- iii. Status (controlled, w/ what? Meds?):
- iv. Effect on mental health:

f. Other Medications/supplements (DOSES):

9. Pertinent negatives

- a. Seizures:
- b. Head injuries:
- c. Trauma (MVA, childhood, accidents):
- d. Loss of consciousness
- e. Medical disorders that cause psychiatric problems ***:
- f. Ever hospitalized with anything medical:

10. Allergies:

Family History

11. Psychiatric FHx:

- a. Mother:
 - i. Psych:
 - ii. Medical:
 - iii. Age/death:
 - iv. Psychosocial/substance:
 - v. Education
 - vi. Location
 - vii. Subjective quality of relationship
- b. Father:
 - i. Psych:
 - ii. Medical:
 - iii. Age/death:

- iv. Psychosocial/substance:
 - v. Education
 - vi. Location
 - vii. Subjective quality of relationship
- c. Sibling #1
- i. Psych:
 - ii. Medical:
 - iii. Age/death:
 - iv. Psychosocial/substance:
 - v. Education
 - vi. Location
 - vii. Subjective quality of relationship
- d. Sibling #2
- i. Psych:
 - ii. Medical:
 - iii. Age/death:
 - iv. Psychosocial/substance:
 - v. Education
 - vi. Location
 - vii. Subjective quality of relationship
- e. Sibling #3
- i. Psych:
 - ii. Medical:
 - iii. Age/death:
 - iv. Psychosocial/substance:
 - v. Education
 - vi. Location
 - vii. Subjective quality of relationship
- f. Sibling #4
- i. Psych:
 - ii. Medical:
 - iii. Age/death:
 - iv. Psychosocial/substance:
 - v. Education
 - vi. Location
 - vii. Subjective quality of relationship
- g. Child #1
- i. Psych:
 - ii. Medical:
 - iii. Age/death:
 - iv. Psychosocial/substance:
 - v. Education
 - vi. Location
 - vii. Subjective quality of relationship
- h. Child #2

- i. Psych:
- ii. Medical:
- iii. Age/death:
- iv. Psychosocial/substance:
- v. Education
- vi. Location
- vii. Subjective quality of relationship

i. Child #3

- i. Psych:
- ii. Medical:
- iii. Age/death:
- iv. Psychosocial/substance:
- v. Education
- vi. Location
- vii. Subjective quality of relationship

j. Paternal grandfather

- i. Psych:
- ii. Medical:
- iii. Age/death:
- iv. Psychosocial/substance:
- v. Education
- vi. Location
- vii. Subjective quality of relationship

k. Paternal grandmother

- i. Psych:
- ii. Medical:
- iii. Age/death:
- iv. Psychosocial/substance:
- v. Education
- vi. Location
- vii. Subjective quality of relationship

l. Maternal grandfather

- i. Psych:
- ii. Medical:
- iii. Age/death:
- iv. Psychosocial/substance:
- v. Education
- vi. Location
- vii. Subjective quality of relationship

m. Maternal grandmother

- i. Psych:
- ii. Medical:
- iii. Age/death:
- iv. Psychosocial/substance:
- v. Education

- vi. Location
- vii. Subjective quality of relationship

12. Family suicide (attempts, completions, self harm):

Social History

13. Developmental history (informant):

- a. Gestation & birth (complications, vag?/csec, wt, substance use):
- b. Early development/health (milestones, reading comprehension, childhood illness):
- c. Home atmosphere (parent's parenting style):

14. Childhood behaviors (disruptive, running away, suspension):

15. Educational history (education level, schools, how did you do in school, did you enjoy it, what did teachers say about you, ACT/SAT, GPA):

16. Work history (First job [how long, how many hours]-did you like it, next job [same questions] ...
Current job [how long, how many hrs, do you like it]):

17. Living situation as a child (who did you live with, where, ***):

18. Current living situation (who did you live with, where, ***):

19. Have you ever been homeless?

20. Any military service?

21. Relationships

- a. (Significant Other, how long with them, next Significant Other):

- b. Sexual partners (have you had sex in the last 6 months, how many partners, male or female):

- c. OB history/children:

- d. Family:

22. Main stressors in life:

23. Religion/spirituality:

24. Social support:

25. Legal history

- a. Ever been arrested:

- b. Ever been convicted:

- c. Ever been imprisoned:

26. Substance history

- a. Caffeine:
 - i. When did you start
 - ii. How many cups a day

- b. Alcohol:
 - i. When did you start
 - ii. How much now
 - iii. Any period were you drank more:
 - iv. Family:

- c. Tobacco:
 - i. When did you start:
 - ii. How many packs:
 - iii. Chew, cigars, hookah, e-cigs:
 - iv. Ever had tremors
 - v. Black outs:
 - vi. Family:

- d. Recreational drugs:
 - i. Marijuana

- ii. Cocaine
- iii. IVDU
- iv. How long, how much
- v. Ever any legal problems:
- vi. Family:

Mental Status Exam

27. General appearance:

28. Behavior:

29. Psychomotor:

30. MOOD (ASK):

31. Affect:

32. Speech:

33. Thought form:

34. Thought content:

35. Cognitive function:

36. Insight:

37. Judgment:

A & O

PE:

General

HEENT (THYROID)

CV:

Lungs

Abdomen

Skin: Extremities:

Neuro (CN, strength, reflexes, cerebellar, gait)

Other things:

- Firearms, handedness
- Religion
- Delusions:
 - Persecutory delusions: People conspire against you? (followed, watched, harassed)
 - Jealousy (ever worried spouse, SO has been unfaithful), evidence?
 - Grandiose (Do you have any special powers, talents, abilities, or great wealth?)
 - Religious (Are you religious? Have you had any unusual religious experiences? Have you come closer to God?)

- Somatic: (Is there anything wrong with the way your body is working? Noticed a change in your appearance?)
- Ideas of reference (Thought people talking/laughing at you?, seen things on TV or other media refer to you or special messages for you? Received special messages?)
- Passivity (Ever felt like you were being controlled by some outside person or force)
- Mind reading (Have you ever had the feeling that people could read your mind or know what you are thinking?):
- Thought broadcasting/audible thoughts (have you ever heard your own thoughts out loud, voice outside your head, have you ever felt others can hear your thoughts):
- Thought insertion: (Have you ever felt that thoughts were being placed into your head by some outside force)
- Thought Withdrawal (have you ever felt that your thoughts were taken away by some outside force?)
- Hallucinations:
 - Have you heard voices or other sounds when no one was around?
 - What'd they say (commenting, conversing, command)
 - Somatic/tactile, burning or strange sensation
 - Olfactory (unusually smells or smells others don't notice)
 - Visual: had visions or seen things others cannot.
- Ever had trouble getting along w/ others

MMSE:

Orientation (10):

What is the [year], [season], [date], [day], [month]?

Where are we [state], [county], [town], [hospital], [floor]?

Registration (3): Ask the patient to repeat chair, nickel, book.

Attention (5): Either serial 7s or "world" backwards

Delayed recall (3): ask patient to recall the three objects previously named.

Language (9):

Name two common objects (pen, watch).

Repeat: "No ifs ands or buts"

Give patient blank paper: "Take it in your right hand, use both hands to fold in half and then put it on the floor.

Have patient read and follow: "Close your eyes"

Ask patient to write a sentence.

Ask patient to copy the design.