

Case Review Format

Identifying information: Gender, age, means of support, living situation, relevant cultural information, insurance coverage, children/pregnancy

Presenting symptoms: Depression, anxiety, psychosis, mood instability, medical complaints

Screeners: PHQ-9, GAD-7, bipolar screen if appropriate, AUDIT-C, DAST, BAM, others

Psychiatric history: Hospitalization, therapy, other

Substance use (alcohol, drugs, tobacco, caffeine, DUI):

Current:

Past:

Past treatment:

Psychotropic medication history: Medication names and dosages, when taken, for how long, whether effective, any side effects, why discontinued?

Medications presently taking: [as complete as possible]

Medical history: Pain, hypertension, diabetes, thyroid, seizure disorder, traumatic brain injury, other

Pregnancy or breastfeeding status, or means of contraception:

Psychosocial history:

Legal issues:

Housing status:

Support system:

Status of relationship with partner:

Employment status:

Trauma history:

Victim:

Witness:

Behavioral observations: In your own words, how does patient look and behave?

Safety concerns:

Current suicidal ideation [assess passive / active, plan, intent, access to lethal means], prior attempts, lethality:

Homicidal ideation [specific individual, access to means, level of intent]:

Ability to care for self in community:

Patient's goals:

Working diagnosis:

Provisional treatment plan: Therapy, medication, referral, other

Short Version

Identifying information:

Presenting symptoms:

Screeners: PHQ-9, GAD-7, bipolar screen if appropriate, AUDIT-C, DAST, BAM, other

Psychiatric history:

Substance use:

Psychotropic medication history:

Medications presently taking:

Medical history:

Pregnancy or breastfeeding status, or means of contraception:

Psychosocial history:

Trauma history:

Behavioral observations:

Safety concerns:

Patient's goals:

Working diagnosis:

Provisional treatment plan: Therapy, medication, referral, other

