



Name: _____ **Case #:** _____ **Case:** _____
Date of Birth _____ **Home Phone** _____ **Current Admission** _____
Address _____ **Primary Program:** _____
Case Holder: _____
Disability Designation: _____

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1. Psychiatric Office Visit Doctor: Chief Complaint / History

Service Date **Start Time**

[Use Current Date](#)

- Established patient
 New patient (has never been seen or has not been seen in the past 3 years)

Attending Psychiatrist/NP/PA **Resident Psychiatrist**

Physicians	Add Physician
<input type="button" value="lookup"/> <input type="button" value="clear"/>	<input type="checkbox"/> Primary Care Physician Date of Last Visit <input type="text"/>
Name	<input type="text"/>
Address	
Specialty	

Chief Complaint (symptom, problem, condition, diagnosis)

characters left: 8000

History (HPI, review of systems, PFSH)

characters left: 30000

Medical Co-morbidity (current status)

characters left: 30000

Prescribed Medications

Medication	Dates	Prescribed By	Qty Prescribed	Number of Refills
No Existing Prescribed Medications Found				

Medication Compliance
 Always (7days/week) Mostly (4-6 days/week) Sometimes (1-3 days/week) Never (0 days/week)

Other Medications [Add Other Medication](#)

Medication <input type="text"/> <input type="button" value="lookup"/> <input type="button" value="clear"/>	Dosage <input type="text"/>	Qty <input type="text"/>	
---	------------------------------------	---------------------------------	--

Medication Type <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>	
characters left: 512	characters left: 256	
Physician Name <input type="text"/>	Prescribing Physician Type <input type="text"/>	
Medication <input type="text"/> lookup clear	Dosage <input type="text"/>	Qty <input type="text"/>
Medication Type <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>	
characters left: 512	characters left: 256	
Physician Name <input type="text"/>	Prescribing Physician Type <input type="text"/>	

Adverse Reactions		Add Adverse Reaction
Drug / Allergen <input type="text"/> lookup clear	Reported By <input type="text"/>	Severity
Reactions <input type="text"/>		<input type="radio"/> Not Assessed <input type="radio"/> Mild <input type="radio"/> Severe <input type="radio"/> Life-Threatening <input type="checkbox"/> This is an Allergy
characters left: 4096		Start <input type="text"/>
Notes <input type="text"/>		
characters left: 8192		
Drug / Allergen <input type="text"/> lookup clear	Reported By <input type="text"/>	Severity
Reactions <input type="text"/>		<input type="radio"/> Not Assessed <input type="radio"/> Mild <input type="radio"/> Severe <input type="radio"/> Life-Threatening <input type="checkbox"/> This is an Allergy
characters left: 4096		Start <input type="text"/>
Notes <input type="text"/>		
characters left: 8192		

Side Effects

Consumer Denies

characters left: 4096

Record Added

Record Changed

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2. Psychiatric Office Visit Doctor: Risk Assessment

SUICIDAL

	Present (< 30 days)	Recent (> 30 days - 1)	Past (> 1 year)
Ideation / Threat	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Attempt	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>		
characters left: 30000			

HOMICIDAL

	Present (< 30 days)	Recent (> 30 days - 1)	Past (> 1 year)
Ideation / Threat	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Intent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Plan	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Attempt	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>		
characters left: 30000			

Substance Abuse

Consumer Denies

characters left: 4096

Record Added

Record Changed

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3. Psychiatric Office Visit Doctor: Vital Signs & Labs

Consumer's Vital Signs -

Collection Information

Collection Date

[Use Current Date](#)

Collection Time

[Use Current Time](#)

General Information

Height: ft in

Declined No Information Collected

Weight: lbs oz

Declined No Information Collected

Waist Circumference: in

Declined No Information Collected

BMI:

Tobacco Use

Declined

No Information Collected

Smoking Status:

Effective:

Provided Consumer with advice to quit smoking or tobacco use, or recommended or discussed smoking or tobacco use cessation, medications, methods, or strategies

Yes No

Temperature

Declined No Information Collected

Value:

Pulse

Declined No Information Collected

Value:

Respiration

Declined No Information Collected

Value:

Blood Pressure

Declined No Information Collected

Value: Systolic mmHg / Diastolic mmHg

Comments

Reaction: Cooperative Declined Resisted(Uncooperative)

Comments

characters left: 4096

Labs

Most Recent Labs (if none specify below)

characters left: 4096

Results Reviewed?

Yes No

Last Menstrual Period

Month **Year** N/A

Abnormality found?

Yes No

If Yes, describe abnormality

characters left: 1024

Action Taken

characters left: 1024

Lab Orders:

Yes No

Other

characters left: 30000

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4. Psychiatric Office Visit Doctor: Exam

[Hide All](#)

Mental Status Exam

[Hide Mental Status](#)

Orientation

[Clear Section](#)

Person Place Time

Speech

[Clear Section](#)

Rate/Rhythm: Normal Slow Rapid Stutter Lyrical

Language: Normal Disarticulated Pressured Incoherent

Volume: Normal Loud Soft Inaudible Mute

Mood

[Clear Section](#)

Euthymic Depressed Euphoric Irritable

Labile Apathetic Anxious

Affect

[Clear Section](#)

Appropriate Inappropriate Mood-congruent Mood-Incongruent

Restricted Blunted Flat Labile

Bright Dramatic

Thought Process

[Clear Section](#)

Normal Disorganized Circumstantial Tangential

Flight of Ideas Loose Associations Perseveration Thought Blocking

Thought Content

[Clear Section](#)

Devoid of hallucinations, paranoia, or delusion

Perceptual: Yes No Comments:

characters left: 1024

Delusions: Yes No Comments:

characters left: 1024

Insight

[Clear Section](#)

Normal Fair Poor

Judgement

[Clear Section](#)

Normal Fair Poor

Memory

[Clear Section](#)

- Intact Impaired short-term memory Impaired long-term memory
 Anterograde amnesia Retrograde amnesia

Fund of Knowledge

[Clear Section](#)

- Awareness of current events Past History Vocabulary

Attention Span & Concentration

[Clear Section](#)

- Normal Fair Poor

Associations

[Clear Section](#)

- Circumstantial Intact Loose Tangential

AIMS

AIMS Worksheet

[Update Worksheet](#)

Date	Staff	Completed	Score
------	-------	-----------	-------

Musculoskeletal

[Clear Section](#)

- Examination of gait and station
 Inspection and/or palpation of digits and nails (e.g. clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes)

Examination of joints, bones and muscles in one or more of the following six areas:

- Head and neck
 Spine, ribs, and pelvis
 Right upper extremity
 Left upper extremity
 Right lower extremity
 Left lower extremity

Comments

characters left: 8000

Skin

[Clear Section](#)

- Inspection of skin and subcutaneous tissue (e.g. rashes, lesions, ulcers)
 Palpation of skin and subcutaneous tissue (e.g. induration, subcutaneous nodules, tightening)

Comments

characters left: 8000

Neurologic

[Clear Section](#)

- Test cranial nerves with notation of any deficits

Examination of deep tendon reflexes with notation of pathological reflexes (e.g. Babinski)

Examination of sensation (e.g. by touch, pin, vibration, proprioception)

Comments

characters left: 8000

MMSE

[Clear Section](#)

Not Elicited

Year Season Month Day Date **0/5**

State Country Town Hospital Floor **0/5**

Number of objects repeated correctly: 1 2 3 **0/3**

(World spelled backward) D L R O W **0/5**

Number of objects remembered from above: 1 2 3 **0/3**

Number of objects identified correctly: 1 2 **0/2**

Patient can repeat: "No ifs, ands, or buts." Yes No **0/1**

Follow a 3-stage command: Takes paper in right hand Folds it in half Puts it on the floor **0/3**

Patient can read and obey "Close your eyes" Yes No **0/1**

Patient can correctly write a sentence Yes No **0/1**

Patient can correctly copy the design Yes No **0/1**

Scores range from zero to 30: **Total Score:** **0/30**

27-30 = Normal cognition 10-20 = Moderate dementia

21-26 = Mild dementia <10 = Severe dementia

characters left: 8000

Summary of Examination Findings

characters left: 30000

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5. Psychiatric Office Visit Doctor: Diagnosis

	ICD-9	ICD-10	Description	Status Date	Status
Pri				<input type="text"/> Use Current Date	<input type="text"/>
Sec				<input type="text"/> Use Current Date	<input type="text"/>
Ter				<input type="text"/> Use Current Date	<input type="text"/>

AXIS I Substance Abuse Diagnoses

	ICD-9	ICD-10	Description	Status Date	Status
Pri				<input type="text"/> Use Current Date	<input type="text"/>
Sec				<input type="text"/> Use Current Date	<input type="text"/>

AXIS II

	ICD-9	ICD-10	Description	Status Date	Status
Pri				<input type="text"/> Use Current Date	<input type="text"/>
Sec				<input type="text"/> Use Current Date	<input type="text"/>
Ter				<input type="text"/> Use Current Date	<input type="text"/>

AXIS III

	ICD-9	ICD-10	Description	Status Date	Status
Pri				<input type="text"/> Use Current Date	<input type="text"/>
Sec				<input type="text"/> Use Current Date	<input type="text"/>
Ter				<input type="text"/> Use Current Date	<input type="text"/>

- AXIS IV
- | | |
|---|---|
| <input type="checkbox"/> Economic problems | <input type="checkbox"/> Problem with primary support group |
| <input type="checkbox"/> Problem accessing healthcare | <input type="checkbox"/> Problem related to social environment |
| <input type="checkbox"/> Educational problems | <input type="checkbox"/> Problem related to interaction with legal system |
| <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Other psychosocial and environmental problems |
| <input type="checkbox"/> Housing problems | <input type="checkbox"/> Behavioral / Personality issues |

AXIS V

Current GAF	GAF Date	Show Functional Assessment Measure History
<input type="text"/>	<input type="text"/>	
	Use Current Date	

Diagnostic Formulation

characters left: 4096

Additional Information / Help

Co-Occurring Consumer Quadrant

Co-Occurring Consumer Quadrant Comments

characters left: 1024

Diagnosis Made By (Name/Credentials)

Diagnosis Effective Date

[Use Current Date](#)

History of Diagnosis

Last Updated

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6. Psychiatric Office Visit Doctor: Medications

Run Maps: <https://ssp.state.mi.us/>

Maps Report Run

[Use Current Date](#)

Comments

characters left: 8000

- Continue medication(s) as prescribed
- Change medication(s)/Dosage(s)
- Med information & education provided / consents obtained if medication started

Medication Advisory Screening ?

Current Prescribed Medications

[Add New Prescription](#)

Process Prescriptions

Consumer Satisfaction

Satisfaction with Services Rendered

- Not asked Not Satisfied Satisfied with Services

Record Added

Record Changed

Save and Continue to Treatment Plan & Recommendations

Save

Cancel

Name:

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7. Psychiatric Office Visit Doctor: Treatment Plan & Recommendations

Treatment Plan & Recommendations

characters left: 30000

Return to clinic in:

2 weeks
 4 weeks
 8 weeks
 Other
 12 weeks

Length of Visit

Record Added

Record Changed

Save and Continue to Send Copy to

Save

Cancel

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8. Psychiatric Office Visit Doctor: Send Copy to

Instructions:
 Once this document has been signed, it will be copied and sent to all parties listed below. For all documents that are to be sent outside of your agency, please be sure you have a valid Authorization for Release of Information before adding this copy request.
 - To notify staff of document completion, click on **Send to Staff**.
 - To send a copy of this document to a location outside of your agency, click on **Send External Copy**.

4 Document Copies		Send to Staff Send External Copy
Send Copy To / Review By		Status
<input type="text"/>	lookup clear	
<input type="text"/>	lookup clear	
Location: lookup clear Contact: <input type="text"/> Purpose: <input type="text"/>		
Location: lookup clear Contact: <input type="text"/> Purpose: <input type="text"/>		

Record Added

Record Changed

Save and Continue to Signatures	Save	Cancel
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9. Psychiatric Office Visit Doctor: Signatures

Service Activity Logs

<p>Staff: <input type="text"/></p> <p>Consumer: <input type="text"/></p> <p><input type="text"/></p>	<p>Date=11/17/2014</p> <p>Begin= <input type="text"/> <input type="text"/></p> <p>End= <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> SAL spans midnight</p>	<p><input type="text"/></p> <p>Contact Type: <input type="text"/></p> <p>Attendance: <input type="text"/></p> <p>Place of Service: <input type="text"/></p> <p>Type of Contact= <input type="text"/></p>
<p style="color: red; font-size: small;">If this is not the program providing the service, please use the LOOKUP button to select a new program</p>		
<p><input type="checkbox"/> IDDT</p> <p><input type="checkbox"/> Interactive Complexity</p>		
<p>Authorization: <input type="text"/> CPT Code <input type="text"/> lookup clear</p> <p style="font-size: small;">Please use the LOOKUP button to find an authorization and CPT code for the service provided</p>		
<p>Physician On Site? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Physician on Site: <input type="text"/> lookup clear</p>		

Electronic Signatures

Attending Psychiatrist/NP/PA Signature Required By lookup

Record Added

Record Changed