

IV. REVIEW OF SYSTEMS:

V. PSYCHOSOCIAL ASSESSMENT:

COMMUNICATION PROCESS/INTERACTION WITH OTHERS:

Seeks out others _____ Staff _____ Other clients _____
 Interacts Appropriately _____ Inappropriately _____ Stays away from others _____
 Non-verbal _____ Stays with group without interaction _____ Intrusive _____
 Offers information _____ Verbalizes only when spoken to _____ Manipulative/Demanding _____
 Comments: _____

EYE CONTACT:

Steady _____ Eyes averted _____ Stares _____
 Eyes downcast _____ Shifting glances _____
 Comments: _____

AFFECT OR MOOD:

Apathetic _____ Crying _____ Frowning _____ Sad/Depressed _____ Hostile _____
 Comments: _____

POSTURAL ATTITUDE:

Movement: Rocking _____ Swinging legs _____ Pacing _____ Restless _____ Slow _____
 Tremors (specify body parts) _____ Relaxed _____ Jerky _____
 Squirming _____ Spastic/Uncoordinated _____ Coordinated _____
 Posture: Slumped _____ Erect _____ Tense _____ Relaxed _____ Fetal Position _____
 Comments: _____

SPEECH:

Clear _____ Modulated _____ Whispers _____ Loud _____ Monotone _____
 Slurred _____ Stutters _____ Harsh _____ Pressured _____ Muttering _____
 Incoherent _____ Coherent _____ Punning _____ Rhyming _____ Sarcastic _____
 Comments: _____

PSYCHOSOCIAL ASSESSMENT (con't.)

THOUGHT CONTENT: (based on what is said)

Logical _____ Shifts topic _____ Repetitious _____ Flight of ideas _____
 Looseness of association _____ Blocking _____ Circumstantiality _____ Word Salad _____
 Hallucinations (specify) _____
 Delusions: Persecutory _____ Grandiose _____ Other _____
 Ideations: Suicidal _____ Homicidal _____
 Specific suicidal plans _____
 Previous suicide attempts _____
 Comments: _____

PERCEPTION AND COGNITION:

Orientated: Time _____ Place _____ Person _____
 Disoriented: Time _____ Place _____ Person _____
 Memory: Short Term _____ Long Term _____
 Attention span/Concentration: Average _____ Decreased _____
 Insight to present situation: _____ Poor judgement: _____
 Self-concept/Feelings of hopelessness/helplessness/worthlessness _____
 Feelings of control _____ Body Image _____
 Comments: _____

INTERESTES/RECREATIONAL ACTIVITIES (in the hospital): _____

PERSONAL APPEARANCE:

Personal hygiene/Grooming: Self Care _____ Showered _____ Shaved _____ Disheveled _____ Body Odor _____
 Use of cosmetics: None _____ Appropriate _____ Overuse _____
 Oral/Dental care: Appropriate _____ Needed _____
 Hair/Nail/Skin care: Appropriate _____ Needed _____
 Presence of disfigurement/Physical limitations _____

 Use of prosthetic devices _____

 Comments: _____

VI. SIGNIFICANT LAB DATA: