

Legal Status Baker Act Marchman Act Ex-Parte Voluntary Initiated by: Judge Police Provider Other If police, specify department:	Presenting Problem <table border="1"> <tr> <th>Symptoms</th> <th>History</th> </tr> <tr> <td>Suicidal Threat/Attempt Homicidal Threat/Attempt Self-Inflicted Injury Traumatic Event Legal Court Order Physician Order Impulsive/Dangerous Behavior/Psychotic Features Cognitive</td> <td>Psychiatric Treatment/Hospitalization ECT Substance Abuse Treatment No Previous Treatment</td> </tr> </table>	Symptoms	History	Suicidal Threat/Attempt Homicidal Threat/Attempt Self-Inflicted Injury Traumatic Event Legal Court Order Physician Order Impulsive/Dangerous Behavior/Psychotic Features Cognitive	Psychiatric Treatment/Hospitalization ECT Substance Abuse Treatment No Previous Treatment	Substance Use Active Abuse Past History No History Substance: Active Early Remission Sustained Remission Route: Frequency: History of Abuse/Trauma Yes Physical Sexual Emotional Traumatic event: No	Nutrition History of Eating Disorder Yes No Weight Change in Last 3 Months Yes No Weight Change in Last 6 Months Yes No Intentional Weight Change Yes No Appetite Increased Yes No Appetite Decreased Yes No																		
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Mental Status Exam Appearance Appropriate Disheveled Other Mood Appropriate Angry Sad Manic Other Affect Appropriate Flat Restricted Other Motor Behavior No Abnormalities Catatonic Speech Unremarkable Pressured Hesitant Thought Process Coherent Incoherent Judgement/Insight Adequate Fair Poor AVH/Delusions Present Not Present Other	Living Status <table border="1"> <tr> <th>Marital Status</th> <th>Current Living Arrangement</th> </tr> <tr> <td>Single</td> <td>House/Apartment/Homeless</td> </tr> <tr> <td>Married</td> <td>SNF or ALF?</td> </tr> <tr> <td>Divorced</td> <td>Lives with:</td> </tr> <tr> <td>Other:</td> <td></td> </tr> </table>	Marital Status	Current Living Arrangement	Single	House/Apartment/Homeless	Married	SNF or ALF?	Divorced	Lives with:	Other:		Sleep <table border="1"> <tr> <th>Symptoms</th> <th>Promotion</th> </tr> <tr> <td>Difficulty Falling Asleep</td> <td>Relaxation Techniques</td> </tr> <tr> <td>Difficulty Staying Asleep</td> <td>Avoid Naps</td> </tr> <tr> <td>Nightmares</td> <td>Avoid Stimulants</td> </tr> <tr> <td>Napping</td> <td>Ear Plugs/Face Mask</td> </tr> <tr> <td>Other:</td> <td>Other:</td> </tr> </table>	Symptoms	Promotion	Difficulty Falling Asleep	Relaxation Techniques	Difficulty Staying Asleep	Avoid Naps	Nightmares	Avoid Stimulants	Napping	Ear Plugs/Face Mask	Other:	Other:	
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By CheyenneSchenk

Published 7th April, 2020.

Last updated 7th April, 2020.

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