

<b>Legal Status</b> Baker Act   Marchman Act   Ex-Parte   Voluntary Initiated by: Judge   Police   Provider   Other If police, specify department:	<b>Presenting Problem</b> <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	<b>Substance Use</b> <b>Active Abuse   Past History   No History</b> Substance: Active   Early Remission   Sustained Remission Route: Frequency: <b>History of Abuse/Trauma</b> Yes Physical   Sexual   Emotional Traumatic event: No	<b>Nutrition</b> History of Eating Disorder <b>Yes   No</b> Weight Change in Last 3 Months <b>Yes   No</b> Weight Change in Last 6 Months <b>Yes   No</b> Intentional Weight Change <b>Yes   No</b> Appetite Increased <b>Yes   No</b> Appetite Decreased <b>Yes   No</b>																		
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<b>Mental Status Exam</b> <b>Appearance</b>   Appropriate   Disheveled   Other <b>Mood</b>   Appropriate   Angry   Sad   Manic   Other <b>Affect</b>   Appropriate   Flat   Restricted Other <b>Motor Behavior</b>   No Abnormalities Catatonic <b>Speech</b>   Unremarkable Pressured Hesitant <b>Thought Process</b>   Coherent Incoherent <b>Judgement/Insight</b>   Adequate Fair Poor <b>AVH/Delusions</b>   Present Not Present Other	<b>Living Status</b> <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:		<b>Sleep</b> <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

[cheatography.com/cheyenneschenk/](https://cheatography.com/cheyenneschenk/)

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