**Patient Information:**

1. **Full Name:**
   * [Last Name, First Name, Middle Initial]
2. **Date of Birth:**
   * [MM/DD/YYYY]
3. **Gender:**
   * [Male/Female/Other]
4. **Contact Information:**
   * **Address:**
     + [Current mailing address]
   * **Phone Number:**
     + [Primary contact number]
   * **Email Address:**
     + [Primary email address]

**Presenting Concerns:**

1. **Reason for Evaluation:**
   * [Briefly describe the primary reason for seeking psychiatric evaluation]
2. **Symptoms:**
   * [Describe the specific symptoms or concerns reported by the patient]

**Medical History:**

1. **Current Medications:**
   * [List any current medications, including dosage and frequency]
2. **Medical Conditions:**
   * [Document any existing medical conditions or chronic illnesses]

**Psychiatric History:**

1. **Previous Diagnoses:**
   * [List any previous psychiatric diagnoses, if applicable]
2. **Treatment History:**
   * [Detail past psychiatric treatments, therapies, or hospitalizations]

**Social History:**

1. **Education and Employment:**
   * [Describe the patient's educational background and current employment status]
2. **Family Dynamics:**
   * [Outline family structure, relationships, and support systems]

**Substance Use History:**

1. **Alcohol Use:**
   * [Specify the frequency and quantity of alcohol consumption]
2. **Drug Use:**
   * [Detail any history of illicit drug use or prescription drug misuse]

**Mental Status Examination:**

1. **Appearance and Behavior:**
   * [Describe the patient's appearance and behavior during the evaluation]
2. **Mood and Affect:**
   * [Document the patient's reported mood and observed affect]
3. **Thought Process:**
   * [Assess the patient's thought process and coherence]
4. **Cognition:**
   * [Evaluate cognitive functions, including memory and concentration]

**Diagnostic Impressions:**

1. **Preliminary Diagnosis:**
   * [Provide an initial diagnostic impression based on the evaluation]
2. **Recommendations:**
   * [Suggest any recommended treatments, interventions, or referrals]

**Follow-up Plan:**

1. **Follow-up Appointments:**
   * [Schedule any necessary follow-up appointments or assessments]
2. **Emergency Contact Information:**
   * [Provide emergency contact details for the patient]

**Patient Consent:**

1. **I, the undersigned, consent to this psychiatric evaluation and understand that the information provided will be used for diagnostic and treatment purposes.**

**Patient's Signature:**

* [Patient's Signature]

**Date:**

* [Date]

**Note:** This form is a general template and should be customized based on specific requirements and regulations. It's essential to ensure compliance with privacy laws and ethical standards. Always consult with mental health professionals and legal experts when creating or modifying such forms.

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