



Consultation 101

In red: relevant negatives to document

Interview settings, information sources, name and title of people present

Identification: age, gender, work, family situation

Reason for consultation/admission

Past medical history

Past psychiatric history

Undiagnosed difficult times and past diagnoses and treatments

Brief past admissions (age at first admission, longest, circumstances usually leading to admissions)

Consultation with mental health professionals

Suicide attempts, self-harm

Legal history: past accusations, illegal and violent behaviors

Anything that would have got you into trouble if you had been caught?

Family history

Diagnosed or undiagnosed suspected conditions,
hospitalizations in psychiatry, past suicide attempt

History of present illness

Worth commenting on assessment of reliability

Beginning, evolution, what helped, what worsened the situation, precipitating events

Review of symptoms

Sleep, energy, concentration, libido

Collateral information:

Document patient consent, contact information

Mental status examination

General appearance

Orientation in time, space, person

Attitude

Psychomotor activity, speech

Mood: what the patient report

Affect: what you observe, range, reactivity, appropriateness

Thought process

Thought content: general content, delusions, suicidal and homicidal ideations

Hallucinations

Judgment and insight

Cognition

If applicable, standardised assessment results (MOCA, MMSE, other scales)

Longitudinal history: background information on family, education, relationship, work history

Laboratories, imaging and other investigations

Impression

Brief summary or biopsychosocial formulation

Differential diagnosis

Include also relevant diagnoses ruled-out

Recommendations and treatment plan

Allergies

Medications (rx)

Medication at home

Medication in hospital

Past medication trials

Ask SE/benefits

Habits

Ask specific questions

If substance use:

Age first taken

Age for regular use

Means to obtain \$/drug

Therapy? How long?

Longest period

abstinent

Binge, black out

Withdrawals

Relapses reasons

Motivational stade

Mood sx:
Depressive sx
Manic sx
(screening: *in the past, has it happened that for three days or more in a row, you would sleep very few hours and have a lot of energy despite that?*)

Anxiety sx:
GAD
Panic attacks

OCD
Past trauma, if yes PTSD sx

Psychosis sx
Hallucination

Dangerosity:
Self and others