

Introduction:

Name, age, occupation, how referred & for what.

History of presenting complaint

Details of particular issue (nature, onset, why presented, precipitants, severity, aggravating factors, previous episodes, treatment to date), and also include details of biological symptoms (mood, sleep, appetite, energy, concentration, libido, GIT motility & menstruation)

Previous medical history

Including epilepsy, HI, allergies, medications, drug use, ETOH, smoking

Family history:

Close family, including names, ages and their past and present mental and physical health.

Personal history

- Identity
- Early history: Birth, pre-school, cultural, background
- Education history.
- Work history: jobs held, reasons for changing jobs, level of satisfaction
- Forensic histories: Illegal activities/violence, contact with authorities
- Relationship/Psychosexual history:
- Present social situation: Accommodation, finances, friends

Previous psychiatric history

Dates, symptoms, Dx, Rx, admissions, treating Drs of past psych episodes.

Pre-morbid personality

Personality before becoming unwell. Overall mood or temperament, character traits, confidence, religious and moral beliefs, ambitions and aspirations

Mental state exam

Appearance and behaviour: appearance, motor behaviour, attitude to situation and examiner.

Mood and affect: mood (e.g. depressed, euphoric, suspicious); affect (e.g. flat, inappropriate).

Speech: rate, volume, quantity of information; pattern, disturbance in language or meaning.

Thought Form: quantity (e.g. blocking or racing), logical connection/sense of thought, flight of ideas, loosening of association or incoherence, punning, neologisms, perseveration

Thought Content: delusions, ideas of reference, obsessions, compulsions, thoughts of harm

Abnormal Perceptions: hallucinations, derealisation, depersonalisation; illusions.

Cognition: Attention & concentration (serial 7's), orientation (time, place, person), language (name objects), memory (registration, recall - immediate, recent, remote), abstract thinking/reasoning, calculation.

Insight: extent of individual's awareness of problem.

Physical examination and investigations

- To exclude physical (organic) causes for current mental problems.
- Looking particularly for signs of organic acute confusional state, infection, hypoxia, trauma, intoxication, epilepsy, and endocrine dysfunction.
- Investigations, e.g. U/A, FBC, UEC, LFT, BSL, TFT, β hCG, B₁₂, HIV &/or syphilis serology, CXR, CT brain, ECG, LP, ESR/CRP, CMP, CK, blood EtOH, drug levels, may be required.