Psychiatric Evaluation
2019 OSCE Charting Guide

Your Name:

Patient Name:

Date:      Start Time:      End Time:

Appearance: (objective assessment, including mental status exam)

Chief Complaint: (subjective statement)

History of the Present Illness: (onset of symptoms, severity, context, modifying factors, etc.)

Psychiatric History: (previous diagnoses, treatment and responses, hospitalizations, Suicidal or homicidal ideation, self-harm; also include psychiatric review of symptoms: include mood disorders, anxiety, trauma, psychosis, eating disorders; if relevant developmental disorders, ASD, ADHD.)
Medical History: (allergies, medical diagnoses, medications, recent labs, injuries, hospitalizations, surgeries; if relevant developmental milestones)

Family Psychiatric History: (diagnoses, treatments, responses, suicide, other behavioral issues).

Social History: (family and social support; race, culture and ethnicity; housing, employment, spirituality, sexuality, legal and lifestyle issues).

Assessment and Treatment Plan: (differential diagnoses, ICD 10 codes; and recommended treatment including medication, treatment referrals and psychoeducation).