Psychiatric Assessment Form

Previous psychiatric history

__________________________________________________________________________

__________________________________________________________________________

General presentation

__________________________________________________________________________

__________________________________________________________________________

Abnormal thought processes (eg confusion)

__________________________________________________________________________

__________________________________________________________________________

Style of relating (eg evidence of attention problems)

__________________________________________________________________________

__________________________________________________________________________
Coherence/level of consciousness

__________________________________________________________________________________

__________________________________________________________________________________

Mood

__________________________________________________________________________________

__________________________________________________________________________________

Impact of substance use on mental state

__________________________________________________________________________________

__________________________________________________________________________________
Suicide/self-harm risk assessment (tick applicable items)

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of hopelessness/worthlessness</td>
<td></td>
</tr>
<tr>
<td>Ideation (do you ever think about killing/harming yourself?)*</td>
<td></td>
</tr>
<tr>
<td>Intent (do you want to kill/harm yourself?)</td>
<td></td>
</tr>
<tr>
<td>Plan (how would you do it?)</td>
<td></td>
</tr>
<tr>
<td>Lethality (is the method likely to be lethal?)</td>
<td></td>
</tr>
<tr>
<td>Accessibility?</td>
<td></td>
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<tr>
<td>Previous attempts?</td>
<td></td>
</tr>
<tr>
<td>Suicide/attempted suicide of significant other?</td>
<td></td>
</tr>
</tbody>
</table>

* If evidence of suicidal ideation, include it on the summary sheet

Is a full psychiatric assessment required? Yes/No

If yes, the form ‘Current Mental State’ is to be completed by a psychiatrist, psychologist or other appropriately qualified clinician.

Comments

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Current Mental State

NOTE – this form is to be completed by a psychiatrist, psychologist or other qualified individual with psychiatric training.

Appearance
(eg physical presentation, conscious state)

__________________________________________________________________________

__________________________________________________________________________

 Behaviour
(eg psychomotor activity, mannerisms, social appropriateness)

__________________________________________________________________________

__________________________________________________________________________

Conversation
(eg form/coherence, flow, content/themes)

__________________________________________________________________________

__________________________________________________________________________

Thought disorder
(eg delusions)

__________________________________________________________________________

__________________________________________________________________________

Perceptual disorder
(eg hallucinations/illusions)

__________________________________________________________________________

__________________________________________________________________________

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Mood

________________________

Intellectual functioning
(memory, attention, orientation, insight)

________________________

Comments

________________________

<table>
<thead>
<tr>
<th>Currently receiving treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Name: _______________________________________________________
Contact No: ___________________________________________________