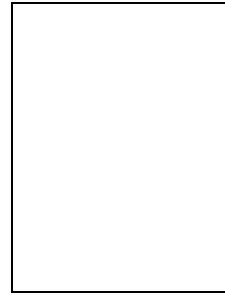


أوافق أنا/----- على تقديم المعلومات اللازمة عن
حالي/حاله ----- و هذا للتشخيص و العلاج.

التوقيع:

التاريخ:

Psychiatric case sheet



Name: -----

Age:----- Sex:----- Religion:-----

Nationality:----- Marital status:-----

Education:----- Occupation:-----

Address:-----

Contact: ----- Phone number:-----

E-mail address (if available):

*Source of referral:

*Reason of referral:

*Admission: Voluntary
 Involuntary

Complaint of the patient:

Complaint of the informant:

History of the present illness

Onset:

Course:

Duration:

Family history:

Consanguinity:-----

Father

Mother

Name

Age

Occupation

Personality

Relation with the patient

Siblings:

Relation to the sibs:

Social position:

Patient lives in rooms crowding index

Income:

Home atmosphere

Family history of medical illness

Family history of psychiatric illness/ substance
abuse:

Personal history

Prenatal, natal and postnatal:

Developmental history:

Neurotic traits:

Educational record:

Work record:

Military service:

Psychosexual history:

Marital history:

Name of spouse:

Education:

Relation to spouse:

age:

occupation:

Children:

Relation with children:

Past history of medical illness

Drug history

Premorbid personality

Psychiatric examination

General appearance and behavior:

Speech and sample of talk:

Mood and affect:

Thought process:

Stream:

Form of thinking:

Content:

Control:

Abstraction:

Perception:

Cognitive functions:

- Consciousness:

- Attention:

- Orientation to time, place and persons:

-Memory (immediate, recent and remote):

-Intelligence:

-General knowledge:

-Judgment:

-Insight:

Physical examination

General examination:

Vital data:

Blood pressure	temperature	pulse
Respiratory rate	height	weight
Body mass index		

Complexion:

Neck veins:

Lower limb oedema:

Chest examination:

Cardiovascular examination:

Abdominal examination:

Others:

Neurological examination:

- Conscious level, orientation and memory:

- Cranial nerves:

- Speech:

- Motor system:

Reflexes: Superficial
reflexes

=

Deep reflexes

- Gait:

- Sensory system:

- Involuntary movements:

- Sphincters:

Provisional diagnosis: According to

ICD10

or

DSMIV

Axis I

Axis II

Axis III

Axis IV

Axis V

Discharge summary

Name ----- Age---- Sex ----- ID no-----

Address----- Phone no-----

Marital status ----- Occupation-----

Date of admission----- Date of discharge-----

Method of discharge:

Admission was: - Voluntary

- Involuntary

Number and dates of previous admissions (if any):

Remarks on previous admissions:

Relevant Signs and Symptoms:

Investigations :

Any significant remarks on patient during hospital stay:

Treatment on discharge:

Condition on discharge:

Diagnosis on discharge:

Psychiatric Sheet and Examination

Personal Data:

Name: ----- Age: ----- Sex: M F

Address: -----

Contact: ----- Phone number: -----

Date of birth: ID no: -----

Religion: Moslem Christian Others

Nationality: Egyptian others

Marital status: Single Married

Divorced Widowed Separated

Education:

Illiterate Read and Write Primary school

Preparatory school Secondary school University

Postgraduate Technical school Others

Occupation: -----

Admitted: Voluntary

Involuntary

Complaint of patient

Complaint of informant

History of Present Illness

Onset Acute Gradual Others

Course Continous Episodic Others

Duration -----

Main symptomatology

Mood Hallucinations Delusions

Anxiety Behavioral disturbance Suicide

Negative symptoms Obsessions Substance abuse

Eating disorder Sexual disorder Others

Family History:

Parents:

- Living together Separated Father died
 Mother died Others

Consanguinity: Yes No

Social class:

- High Middle Low

Educational level of father:

- Illiterate Read and Write Primary school
 Preparatory school Secondary school University
 Postgraduate Technical school Others

Educational level of mother:

- Illiterate Read and Write Primary school
 Preparatory school Secondary school University
 Postgraduate Technical school Others

General home atmosphere:

- Harmonious Quarrelsome Cold
 Overprotective Overcriticizing Others

Number of Sibs: Males----- Females-----

Order of patient between Sibs: -----

Care Giver:

- Father Mother SIBS
 Others

Family history of medical illness

- Yes No

Family history of psychiatric illness/ substance abuse

- Yes No

Personal History:

Prenatal, natal and postnatal:

Any abnormality during pregnancy:

Illness Medications Others

Delivery:

Normal Caesarian Others

Infant at birth:

Normal Low birth weight Cyanosed

Jaundiced Incubated Others

Developmental history:

Normal Yes No

Abnormality:

Delayed motor Delayed speech Tics

Autistic behavior Conduct Hyperactive

Obsessive Anxious Mood disturbance

Others

Neurotic traits:

Nail biting Thumb suckling Stammering

Temper tantrum Nocturnal enuresis

Others

Abuse or neglect Yes No

Educational record:

Type of school

Public Private Others

Performance at school

Average Superior below average

Failure

Truancy from school Yes No

Educational level:

Illiterate Read and Write Primary school

Preparatory school Secondary school University

Postgraduate Technical school Others

Work record:

Employed Unemployed Retired

Military service:

Done

Psychosexual history:

Age at puberty: -----

Gender identity Male Female

Sexual orientation:

Heterosexual Homosexual Bisexual

Others

Sexual experience

Masturbation Sexual play Full sexual relatio

None

Any Sexual dysfunction Yes No

In form of -----

Marital history:

Number of marriage if more than once -----

Name of spouse -----

Age: -----

Educational level of spouse

Illiterate Read and Write Primary school

Preparatory school Secondary school University

Postgraduate Technical school Others

Relation to spouse

Harmonious Quarrelsome Cold

Others

Children Yes No

Number **Male ----** **Female -----**

Relation to children

Harmonious Quarrelsome Cold

Others

Past history of medical illness

- Yes No
-

Drug history

- Yes No

Current substance

- Cannabinoids Alcohol Opioids
 Sedative hypnotics Stimulants Cocaine
 Hallucinogens Volatile solvents
 Polysubstance Others

Premorbid personality

Patient is

- Introvert Extravert

React to stress by

- Isolation Nervous Inflation with others

Impulsivity

- Yes No

Religiosity

- Believer Practitioner Agnostic
 Atheist

Traits

- Obsessive Dis-social Borderline
 Histrionic Narcistic Paranoid
 Schizoid Schizotypal Dependant
 Passive aggressive Mixed

Psychiatric Examination

Level of consciousness

- Fully conscious
- Confused
- Stuperous
- Comatosed

General appearance

- Clean
- Neglected
- Odd
- Others

Behavior

- Co-operative
- Hostile
- Retarded
- Evasive
- suspicious
- Mute
- Negativistic
- Others

Mood

- Euphoric
- Elated
- Exalation
- Ecstasy
- Anxious
- Sad
- Depressed
- Dysphoric
- Irritable
- Euthymic
- Others

Affect

- Euphoric
- Elated
- Exalation
- Ecstasy
- Anxious
- Sad
- Depressed
- Dysphoric
- Irritable
- Euthymic
- Suspicious
- Incongruent
- Perplexed
- Ambivalent
- Others

Speech

- Spontaneous
- In answer to question
- Hesitant
- Prompt

Thinking

Stream of thinking

- Fast
- Slow
- Average

Form of thinking

- Off pointing
- Circumstantial
- Tangential
- Derlaiment
- Loose association
- Incoherent
- Neolgism
- Poverty of thoughts
- No abnormality

Content of thinking

- Delusions** **Obsessions** **No abnormality**
 Overvalued ideas **Preoccupations**

Thought control

- Thought broadcasting** **Thought insertion**
 Thought withdrawal **Thought reading**
 No abnormality

Abstraction

- Fair** **Concrete** **partially impaired**

Hallucinations

- Auditory** **Visual** **Olfactory**
 Tactile **Gustatory** **Absent**

Illusions

- Yes** **No**

Insight

- Yes** **No**

Judgment

- Fair** **Poor**

Consciousness

- Fully conscious** **Confused** **Stuperous**
 Comatosed

Memory

- Intact** **Lost**

Orientation

- Oriented** **Disoriented**

Insight

- Insightful** **Insightless**

Physical Examination

Vital Signs

PULSE ----- *Blood pressure*----- *Temperature*-----

Respiratory rate-----

Chest examination

Normal Abnormal

Cardiovascular examination

Normal Abnormal

Abdominal examination

Normal Abnormal

Neurological examination

Normal Abnormal

Provisional Diagnosis

According to

ICD 10 DSM IV
