

Psychiatry Interview

Patient Information

Name: _____ Age: _____

Gender: _____ Occupation: _____

Marital Status: _____ Phone Number: _____

Email address: _____ Date of consultation: _____

Chief Complaint

What brings the client in today?

How long has the been the client experiencing these symptoms?

How has it been affecting the client's daily life?

History of Present Illness

Describe the client's symptoms in detail.

When did the client first notice them?

Have they gotten worse or better over time?

Does the client have any triggers for your symptoms?

How often does the client experience symptoms?

Medical History

Does the client have any current or past medical conditions?

Is the client currently taking any medications?

Has the client had any surgeries in the past?

Psychiatric History

Has the client ever been diagnosed with a mental health condition?

Has the client received treatment for a mental health condition in the past?

Is the client currently seeing a mental health professional?

Has the client ever been hospitalized for a mental health condition?

Social History

Describe the client's living situation.

Is the client currently employed or studying?

Does the client have a support system?

Does the client use any substances, such as drugs or alcohol?

Does the client have any hobbies or interests?

Family History

Does anyone in the client's family have a history of mental health conditions?

Are there any other significant medical conditions in the client's family?

Mental Status Examination

Appearance and behavior

Speech and language

Mood and affect

Thought content and process

Perception

Cognition

Insight and judgment

Diagnosis

What is your impression of the patient's diagnosis?

Are there any differential diagnoses to consider?

Treatment Plan

What interventions do you recommend for the patient?

Are there any referrals or further evaluations needed?

How often should the patient be seen for follow-up appointments?