Jefferson University Hospitals

2732NS

MR#

Acct#

Name

DOB

COMPLETE OR IMPRINT WITH ADDRESS-O-PLATE

Department of Psychiatry

Consultation Report

☐ TJUH ☐ TJUH ED ☐ MHD ☐ JHN

Date	Start Time	Requesting Physician

Reason for Consult

CC

HPI

☐ Medical record reviewed ☐ prior discharge summaries ☐ outside records _____

Additional history obtained from _____

☐ Unable to obtain history due to _____

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Past Psychiatric History: (include outpatient, inpatient)

Past Medical History:

Substance Use: (include rehabs)

Family History:
☐ non-contributory

Social History: *(may include marital status, education, employment, disability, religious beliefs, military service, legal history)*

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Review of Systems: *check if normal, or comment if abnormal*

☐ **All other systems negative**

	Normal	Abnormal		Normal	Abnormal
Constitutional	☐	☐ _____	Eyes	☐	☐ _____
Ears/Nose/Throat	☐	☐ _____	Respiratory	☐	☐ _____
Cardiovascular	☐	☐ _____	Gastrointestinal	☐	☐ _____
Musculoskeletal	☐	☐ _____	Neurologic	☐	☐ _____
Endocrine	☐	☐ _____	Skin	☐	☐ _____

Vital Signs: T: P: R: BP: Pulse ox:

Mental Status Exam: **Remarks:**

Appearance: ☐ appropriate ☐ well groomed ☐ disheveled ☐ other _____

Behavior: ☐ PMA ☐ PMR ☐ cooperative ☐ hostile ☐ unresponsive ☐ sedated

Speech: ☐ normal ☐ slow ☐ rapid ☐ pressured ☐ volume increased ☐ volume decreased ☐ unresponsive ☐ non-verbal

Motor: ☐ no abnormalities ☐ tardive dyskinesia ☐ tremor ☐ tics ☐ cogwheel rigidity ☐ akathisia

Mood: ☐ normal ☐ angry ☐ anxious ☐ depressed ☐ fearful ☐ irritable ☐ calm

Affect: ☐ full and appropriate ☐ constricted ☐ flat ☐ euthymic ☐ dysphoric ☐ anxious
☐ suspicious ☐ irritable ☐ labile ☐ depressed ☐ inappropriate

Thought Process: ☐ linear ☐ logical ☐ circumstantial ☐ tangential **Associations:** ☐ intact ☐ loose ☐ flight of ideas
☐ blocking ☐ illogical ☐ poverty of thought

Thought Content: ☐ normal ☐ delusions ☐ paranoia ☐ preoccupations

- **Hallucinations** ☐ none ☐ present ☐ auditory ☐ visual ☐ tactile ☐ olfactory ☐ gustatory
- **Suicidality** ☐ none ☐ present ☐ ideation ☐ intent ☐ plan ☐ attempts
- **Homicidality** ☐ none ☐ present ☐ ideation ☐ intent ☐ plan ☐ attempts

Orientation: ☐ fully oriented Only oriented to: ☐ time ☐ place ☐ self

Memory: ☐ intact ☐ impaired _____ objects out of 3 @ 3 mins.

Language: ☐ intact ☐ impaired

Concentration: ☐ intact ☐ impaired

Attention: ☐ intact ☐ impaired

Knowledge: ☐ intact ☐ impaired

Insight: ☐ good ☐ fair ☐ limited ☐ poor ☐ impaired

Judgment: ☐ good ☐ fair ☐ limited ☐ poor ☐ impaired

Cognitive Testing: Deficits in:

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Allergies: ☐ NKDA

Medications:

Labs/Studies:

Impression:

Axis I:
Axis II:
Axis III:
Axis IV:
Axis V:

Strengths:

☐ seeks help ☐ adequate social support ☐ socioeconomic stability

Weaknesses:

☐ poor social support ☐ homeless ☐ multiple medical problems

Recommendations:

☐ **Follow-up Outpatient Psychiatry TJUH 215-955-8962**

Resident / Attending Signature (circle one) X	Print	Date	End Time	Pager
Medical Student Signature X	Print		Date	Time

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Attending Psychiatry Consultation Report

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Reason for Request

☐ I have personally examined the patient. ☐ Medical student Past FSHx reviewed.

☐ I was physically present during critical portions of the examination performed by the resident, Dr. _____

☐ I have reviewed and agree with/or modified the Resident's documentation and/or recommendations of care.

CC/HPI:

Past Medical History:

Past Psychiatric History:

Social History:

ROS: ☐ **All Other Systems Negative**

Medications:

Labs/Studies:

Vital Signs: T: P: R: BP: Pulse ox: MMSE/MoCA: =

Mental Status Examination: Appear/Behavior: Mood/Affect:

Thought Process: Associations: Thought Content: Orientation:

Insight/Judgement: Concentration: Speech:

Memory: Language: Knowledge: Musculoskeletal:

Impression:

Recommendations:

☐ Content of counseling/coordination of care: _____

☐ Communicated care with family/1° service/other: _____

_____ was spent with the patient, more than 50% was spent counseling and coordination of care.
(mins)

Attending Signature	Print	Date	Start Time	End Time
X				

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