

UT-Harris County Psychiatric Center INITIAL PSYCHIATRIC EXAMINATION (IPE) Use other side if necessary 1 OF 5	
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Readmission <30 days; most recent prior admission packet reviewed. Items II, III, and V omitted, as appropriate.

I. Presenting Problem/Justification for Admission, including a Chief Complaint (note context, modifying factors, signs/symptoms, severity, and duration; *use back of page if needed*):

II. Past History (PFSH): (note prior psychiatric/medical treatment outcomes; also see psychosocial assessment)

a) Psychiatric (including substance abuse):

b) Medical (including head trauma):

c) Current Medications, Dietary Supplements, and Allergies:

d) Family:

e) Social:

III. Review of Systems: (note pertinent findings; also see initial nursing assessment and nutritional screen which I have reviewed): All other systems reviewed and negative

CONST:	RESP:	SKIN/BREAST:	ALL/IMM:
EYES:	GI: see No. V	NEURO:	
ENT:	GU see No.V:	ENDO:	
CV:	MSk:	HEME/LYMPH:	

IV. Mental Status Examination:

General Appearance _____

Musculoskeletal findings (assess [muscle strength, tone, and/or abnormal movements] and [gait]) _____

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IV. Mental Status Examination (cont):

Speech _____

Thought Processes _____

Thought Content _____

Perception _____

Mood/Affect _____

Insight/Judgement _____

Cognitive Examination (orientation, attn/conc, knowledge, abstractions, memory) _____

Estimated intelligence (high?, average?, low?, retarded?)

Other mental status findings _____

V. Physical Examination: Admitting Vital Signs reviewed and orders written, as needed _____

Evidence of abuse? Yes No Physician/NP Initials

General Appearance (development, nourishment, etc.) _____

Skin _____

Lymphatics _____

HEENT/Neck _____

Chest/Lungs _____

Cardiovascular _____

Abdomen _____

Genitalia and Rectal

- Rectal Pain/Bleeding? Yes No
- Prolapsed Hemorrhoids? Yes No
- Change in Bowel Habits? Yes No
- Chronic Constipation? Yes No
- Difficulty in Urination? Yes No
- Penile Discharge? Yes No

Pelvic

- No. of Pregnancies? _____
- Currently Pregnant? Yes No
- Currently use contraceptives? If yes, identify _____
- No. of Live Births/Miscarriages? _____
- Complications of Pregnancy? _____
- Last "well woman" exam _____
(If not within 1 year, patient is advised to have one)
- LMP? _____
- Pelvic Pain/Mass? Yes No
- Dysmenorrhea? Yes No
- Vaginal Discharge/Bleeding (other than menstrual)? Yes No

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V. Physical Examination (cont):

Genitalia/Rectal/Pelvic Exam Summary

Not indicated due to absence of significant patient symptoms and signs

* Indicated, but not immediately based on complaints of _____

* Indicated, but refused by patient consistently
Date(s) of refusal _____

*If indicated, must be prioritized on problem list.

Back/Extremities _____

Neurologic Exam:

Cranial Nerves (check if intact according to stated test criterion – describe if not intact)

- I. (by identification of a known substance) Intact Not Intact
- II. (by distinguishing movements in the peripheral visual fields) Intact Not Intact
- III., IV., VI. (by demonstrating extraocular muscle movements) Intact Not Intact
- V. (by distinguishing sensation throughout the trigeminal nerve distribution) Intact Not Intact
- VII. (by demonstrating facial muscles of expression) Intact Not Intact
- VIII.(by demonstrating bilateral hearing) Intact Not Intact
- IX. (by demonstrating a gag reflex) Intact Not Intact
- X. (by phonating guttural sounds) Intact Not Intact
- XI. (by demonstrating a bilaterally symmetrical shoulder shrug) Intact Not Intact
- XII. (by protruding the tongue without fasciculation) Intact Not Intact

Details of abnormal cranial nerve findings _____

Motor (including strength, tone, abnormal movements and/or atrophy) _____

Sensory _____

Reflexes _____

Gait/Station _____

Head Circumference (C/A only): Yes No If Yes, measurement in cm _____

MS III signature, if applicable

I have supervised, reviewed, and agree with the MS III physical examination. Exceptions noted (if applicable):

I have performed the physical examination. _____
Physician/NP Initials

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VI. Admitting Diagnoses:

Axis I 1^o _____

2^o _____

Differential Diagnosis _____

Axis II _____

Axis III _____

Axis IV _____

Axis V (GAF score – see scale) _____

VII. Assets:

VIII. Problem Areas (for MTP use):

IX. Actions:

Most recent discharge summary reviewed: Dx: _____ Meds: _____

- Clinical information from BTGH, NPC, HCPI, and/or UTHCPC Pre-screening reviewed
- Admitting orders for specific interventions written
- Additional corroborative history will be obtained

X. Medication Reconciliation

Were the patients outpatient medications continued/reordered? Yes No

Reason(s) medication were not continued or reordered? Need to increase data

Need clarification of medication’s names and/or doses

Lab or diagnostic test results remain pending

Need to review information with Internal Medicine _____

Other _____

Specify

Resident Physician’s Signature

Admitting Attending Physician’s Signature

Resident Physician’s Printed Last Name

Admitting Attending Physician’s Printed Last Name

Date/Time

Date/Time

GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health illness. Do not include impairment in functioning due to physical or environmental limitations.

CODE (Note: Use intermediate codes when appropriate, ex: 45, 68, 72)	CODE
Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his/her many positive qualities. No symptoms.	100-91
Absent or minimal symptoms (ex: mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (ex: an occasional argument with family members).	90-81
If symptoms are present, they are transient and expectable reactions to psychosocial stressors (ex: difficulty concentrating after family argument); no more than slight impairment in social, occupational or school functioning (ex: temporarily failing behind in schoolwork).	80-71
Some mild symptoms (ex: depressed mood and mild insomnia) or some difficulty in social, occupational or school functioning (ex: occasional truancy or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.	70-61
Moderate symptoms (ex: flat affect and circumstantial speech, occasional panic attacks) or moderate difficulty in social, occupational or school functioning (ex: few friends, conflicts with peers or co-workers).	60-51
Serious symptoms (ex: suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational or school functioning (ex: no friends, unable to keep a job).	50-41
Some impairment in reality testing or communication (ex: speech is at times illogical, obscure or irrelevant) or major impairment in several areas, such as work or school, family relations, judgment, thinking or mood (ex: depressed person avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).	40-31
Behavior is considerably influenced by delusions or hallucinations or serious impairment in communication or judgment (ex: sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (ex: stays in bed all day, no job, home or friends).	30-21
Some danger of hurting self or others (ex: suicide attempts without clear expectation of death, frequently violent, manic excitement) or occasionally fails to maintain minimal personal hygiene (ex: smears feces) or gross impairment in communication (ex: largely incoherent or mute).	20-11
Persistent danger of severely hurting self or others (ex: recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.	10-1
Inadequate information.	0