Geriatric Initial Psychiatric Evaluation Form

Patient Information

Name: _____ Date of Birth: __ Date: _ Age: _ Gender: _ MRN/ID: _ Primary Language: ___ Need for Interpreter: ☐ No ☐ Yes Provider: _____

Referral Information

Referred by: ☐ Self/Family ☐ Primary Care ☐ Specialist ☐ Facility ☐ Other: ___
Reason for Referral: _____

Chief Complaint (in patient's own words)

History of Present Illness

Onset of symptoms: _____ Duration: _____ Context/Triggers: _____ Course: ☐ Improving ☐ Worsening ☐ Fluctuating ☐ Stable Severity: ☐ Mild ☐ Moderate ☐ Severe Associated symptoms: _____ Impact on functioning: _____ Previous treatments for current symptoms: _____

Current Medications (including OTC, supplements, and herbal remedies)

Medication	Dose	Frequency	Start Date	Prescribed By	Purpose	Effectiveness	Side Effects

Medication Adherence: ☐ Good ☐ Fair ☐ Poor ☐ Variable **Medication Management:** ☐ Self ☐ Family ☐ Caregiver ☐ Facility staff

Allergies

☐ No Known Drug Allergies ☐ Medication Allergies: _____ ☐ **Other Allergies:** _____

Past Psychiatric History

Previous Psychiatric Diagnoses: _____ Age of First Psychiatric Symptoms: _____ Previous Psychiatric Hospitalizations: ☐ No ☐ Yes: _____ **Previous Suicide Attempts: ☐ No ☐ Yes: _____ Previous Treatments: - Medications: _____ - Therapy: _____** - ECT: ☐ No ☐ Yes: _____ **- Other interventions:** _____

Medical History

Primary Care Provider: _____ Last Visit: __ Specialists: _____ Current Medical Conditions: ☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Stroke ☐ TIA ☐ Parkinson's ☐ Seizures ☐ Cancer ☐ Thyroid Disease ☐ COPD ☐ Sleep Apnea ☐ Chronic Pain ☐ Hearing Loss ☐ Vision Impairment ☐ Other: _____

Past Surgeries: _____ Hospitalizations (last 5 years): _____ Head Injuries/ TBI: ☐ No ☐ Yes: _____ Pain: ☐ No ☐ Yes: Location: __ **Severity (0-10): _ Treatment: _____**

Cognitive History

Cognitive Concerns: ☐ No ☐ Yes: _____ **Onset and Progression: _____ Memory Problems: ☐ No ☐ Yes: _____ Executive Function Problems: ☐ No ☐ Yes: _____ Language Problems:** ☐ No ☐ Yes: _____ **Visuospatial Problems: ☐ No ☐ Yes: _____ Previous Cognitive Testing: ☐ No ☐ Yes: Results: _____ Diagnosis of Dementia/MCI:** ☐ No ☐ Yes: Type: __ **Date: __**

Functional Status

Activities of Daily Living (ADLs): - Bathing: ☐ Independent ☐ Needs Assistance ☐ Dependent - Dressing: ☐ Independent ☐ Needs Assistance ☐ Dependent - Toileting: ☐ Independent ☐ Needs Assistance ☐ Dependent - Transferring: ☐ Independent ☐ Needs Assistance ☐ Dependent - Continence: ☐ Continent ☐ Occasional Accidents ☐ Incontinent - Feeding: ☐ Independent ☐ Needs Assistance ☐ Dependent

Instrumental Activities of Daily Living (IADLs): - Medication Management: ☐ Independent ☐ Needs Assistance ☐ Dependent - Financial Management: ☐ Independent ☐ Needs Assistance ☐ Dependent - Transportation: ☐ Independent ☐ Needs Assistance ☐ Dependent - Meal Preparation: ☐ Independent ☐ Needs Assistance ☐ Dependent - Housekeeping: ☐ Independent ☐ Needs Assistance ☐ Dependent - Shopping: ☐ Independent ☐ Needs Assistance ☐ Dependent - Communication (phone/mail): ☐ Independent ☐ Needs Assistance ☐ Dependent

Mobility: ☐ Independent ☐ Cane ☐ Walker ☐ Wheelchair ☐ Bed-bound **Falls in Past Year:** ☐ No ☐ Yes: Number: _ Injuries: **____ Driving Status:** ☐ **Active driver** ☐ **Limited driving** ☐ **Ceased driving: When? __**

Living Situation

Current Living Arrangement: ☐ Private Home ☐ With Family ☐ Senior Housing ☐ Assisted Living ☐ Nursing Facility ☐ Other: **_____**

Lives With: _____ Primary Caregiver (if applicable): _____ Caregiver Stress Level: ☐ **Low** ☐ **Moderate** ☐ **High** ☐ **Severe Home Safety Concerns:** ☐ **No** ☐ **Yes: _____ Financial Concerns:** ☐ **No** ☐ **Yes: _____ Elder Abuse/Neglect Concerns:** ☐ No ☐ Yes: **_____**

Social History

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated **Years in Current Status: _ Children: _____ Education Level: _____ Occupation (former if retired): _____ Retirement Status:** ☐ **Working** ☐ **Retired: Year _** ☐ **Disability: Year _ Military Service:** ☐ **No** ☐ **Yes: Branch __ Years _ Combat** ☐ **No** ☐ **Yes Religious/Spiritual Beliefs: _____ Social Support Network:** ☐ **Strong** ☐ **Moderate** ☐ **Limited** ☐ **Isolated Hobbies/Interests: _____ Recent Life Changes/Stressors: _____**

Substance Use History

Alcohol: ☐ None ☐ Current ☐ Past | Amount/Frequency: **_____ Tobacco:** ☐ **None** ☐ **Current** ☐ **Past | Amount/Frequency: ____ Cannabis:** ☐ **None** ☐ **Current** ☐ **Past | Amount/Frequency: ____ Other Substances: _____ Caffeine: Amount/day: _____ History of Substance Use Disorder:** ☐ No ☐ Yes: **_____**

Family History

Family Psychiatric History: ☐ Depression ☐ Bipolar ☐ Anxiety ☐ Psychosis ☐ Dementia ☐ Substance Use ☐ Suicide ☐ Other: _____ **Specific Family Members Affected:** _____

Family Medical History: _____

Mental Status Examination

Appearance: ☐ Well-groomed ☐ Disheveled ☐ Other: _____

Behavior/Psychomotor Activity: ☐ Calm ☐ Agitated ☐ Restless ☐ Psychomotor retardation ☐ Tremor ☐ Other: ___

Attitude toward Examiner: ☐ Cooperative ☐ Guarded ☐ Hostile ☐ Suspicious ☐ Other: _____

Speech: ☐ Normal rate/volume ☐ Pressured ☐ Slow ☐ Soft ☐ Dysarthric ☐ Aphasic ☐ Other: ___

Mood (self-reported): ☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Apathetic ☐ Other: ___

Affect: ☐ Full range ☐ Restricted ☐ Blunted ☐ Flat ☐ Labile ☐ Congruent ☐ Incongruent ☐ Other: ____

Thought Process: ☐ Linear ☐ Tangential ☐ Circumstantial ☐ Disorganized ☐ Perseverative ☐ Other: _____

Thought Content: ☐ No SI/HI/Psychosis ☐ Suicidal ideation: ☐ Passive ☐ Active ☐ With plan ☐ With intent ☐ Homicidal ideation: ☐ Passive ☐ Active ☐ With plan ☐ With intent ☐ Delusions: _____ ☐ Hallucinations: _____ ☐ **Obsessions:** _____ ☐ **Other:** _____

Cognition: Level of Consciousness: ☐ Alert ☐ Drowsy ☐ Fluctuating ☐ Other: _____ **Orientation:** ☐ Person ☐ Place ☐ Time ☐ Situation **Attention:** ☐ Intact ☐ Distractible ☐ Poor ☐ Test used: _____ **Memory: - Immediate recall:** ☐ **Intact** ☐ **Impaired:** _____ **- Recent memory:** ☐ **Intact** ☐ **Impaired:** _____ **- Remote memory:** ☐ **Intact** ☐ **Impaired:** _____ **Language:** ☐ **Intact** ☐ **Word-finding difficulty** ☐ **Paraphasic errors** ☐ **Comprehension deficit Visuospatial:** ☐ **Intact** ☐ **Impaired:** _____ **Executive Function:** ☐ **Intact** ☐ **Impaired:** _____

Cognitive Screening (if performed): ☐ MMSE Score: _/30 ☐ MoCA Score: _/30 ☐ SLUMS Score: _/30 ☐ Other: ___ **Score:** _____

Insight: ☐ Good ☐ Fair ☐ Poor ☐ None

Judgment: ☐ Good ☐ Fair ☐ Poor ☐ Impaired

Risk Assessment

Current Suicidal Ideation: ☐ No ☐ Yes: _____ **Current Homicidal Ideation:** ☐ **No** ☐ **Yes:** _____ **Access to Firearms/Weapons:** ☐ No ☐ Yes: _____ **Protective Factors:** _____ **Overall Risk Level:** ☐ Low ☐ Moderate ☐ High ☐ Imminent

Physical Examination (if performed)

Vital Signs: BP: _ HR: _ RR: _ Temp: _ Weight: _ Height: _ **General:** _____ **HEENT:** _____ **Cardiovascular:** _____ **Respiratory:** _____ **Neurological:** _____ **Other Findings:** _____

Diagnostic Impression

1. _____
2. _____
3. _____
4. _____
5.

Treatment Plan

Medications: ☐ Continue current ☐ Changes: _____ **Psychotherapy:** ☐ Individual ☐ Group ☐ Family ☐ Other: ____ **Frequency of Follow-up:** ☐ **Weekly** ☐ **Biweekly** ☐ **Monthly** ☐ **Other:** ___ **Labs/Testing Ordered:** _____ **Neuroimaging:** ☐ **Not indicated** ☐ **Ordered:** _____ **Referrals:** _____ **Safety Plan:** ☐ Not indicated ☐ Completed (see attached) **Caregiver Support/Education:** _____ **Capacity Assessment:** ☐ Not indicated ☐ Completed: _____ **Advance Directives Discussion:** ☐ Completed ☐ Deferred

Additional Notes

_____

_____

_____

Provider Signature: _____ **Date:** __ **Credentials:** _____ **License #:** _____

_____

Web Implementation Notes

This form should be implemented with: - Larger text and controls for accessibility - Expanded medication reconciliation section with drug interaction checker - Cognitive assessment tools embedded directly in form - Fall risk and ADL assessment sections with scoring - Automatic drug interaction checker - Beers Criteria flagging for potentially inappropriate medications - Cognitive score calculation and interpretation - Mobile-responsive design with extra-large touch targets - High contrast mode option - PDF export functionality - Save/load capability - Medication list printout generation - Integration with caregiver portal (if applicable)