753 Maleta Lane
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Review of Systems

Psychiatric

Please answer the following in reflection to how you currently feel since your last psychiatric visit.

- ☐ Depressed mood
- ☐ Loss of interest in things you used to enjoy
- ☐ Weight loss
- ☐ Appetite changes
- ☐ Sleeping too little
- ☐ Sleeping too much
- ☐ Fatigue
- ☐ Slowing/Increase of movements to where people notice
- ☐ Loss of energy
- ☐ Worthlessness
- ☐ Guilt
- ☐ Difficulty concentrating
- ☐ Indecisiveness

Recurrent thoughts of:

- ☐ Death
- ☐ Suicidal Ideations
- ☐ Homicidal Ideations
- ☐ Suicidal Attempt

❑ Deny all symptoms otherwise not marked in the section above.

- ☐ Persistent worry causes significant distress
- ☐ Apprehensive expectation causes significant distress
- ☐ Restlessness
- ☐ Being on edge
- ☐ Difficulty concentrating
- ☐ Irritability
- ☐ Muscle tension
- ☐ Sleep disturbance
- ☐ Fears of social situations or being negatively evaluated

❑ Deny all symptoms otherwise not marked in the section above.

- ☐ Palpitations
- ☐ Sweating
- ☐ Trembling
- ☐ Feeling short of breath
- ☐ Feeling of choking
- ☐ Nausea
- ☐ Chest pain or discomfort
- ☐ Dizziness
- ☐ Chills
- ☐ Paresthesia
- ☐ Feeling of a heightened clarity
- ☐ Fear of losing control
- ☐ Fear of going crazy
- ☐ Fear of dying
- ☐ Feeling as if things are distorted and blurry

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☐ Feeling as though the experience around you is not real

Describe duration these has lasted for, the trigger or situation surrounding them, limiting or alleviating factors:

_____

_____

_____

❑ Deny all symptoms otherwise not marked in the section above.

- ☐ Elevated mood
- ☐ More outgoing than normal
- ☐ Irritable mood
- ☐ Decrease need for sleep
- ☐ Euphoric or grandiose mood
- ☐ Increased goal directed activity
- ☐ Racing thoughts
- ☐ Distractibility
- ☐ More talkative than normal
- ☐ Increased burst of energy
- ☐ Episodes of pleasure seeking like need for increased sex or excess spending.
- ☐ Repetitive unintentional movements to where people noticed

❑ Deny all symptoms otherwise not marked in the section above.

☐ History of abuse/trauma (list approximate dates or ages experienced for, for how long it lasted)

_____

_____

_____

- ☐ Distressing memories
- ☐ Flashbacks
- ☐ Nightmares
- ☐ Fear
- ☐ Horror
- ☐ Anger
- ☐ Guilt
- ☐ Shame
- ☐ Hypervigilance
- ☐ Irritability
- ☐ Reckless
- ☐ Self-Destructive
- ☐ Exaggerated startle response
- ☐ Concentration challenges
- ☐ Sleep disturbance
- ☐ Diminished interests in activities others are interested in
- ☐ Detachment from others Inability to express positive emotion
- ☐ Negative beliefs that others do not tend to hold
- ☐ Inability to remember important aspects of event(s)

❑ Deny all symptoms otherwise not marked in the section above.

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- ☐ Failing to give close attention to details and/or making careless mistakes
- ☐ Difficulty organizing
- ☐ Losing things or misplacing items often
- ☐ Difficulty sustaining attention
- ☐ Trouble listening even when being spoken to directly
- ☐ Difficulty following through
- ☐ Getting easily side-tracked or distracted
- ☐ Forgetful in daily activities or tasks
- ☐ Avoiding tasks that require mental effort

- ☐ Feeling restless or irritable
- ☐ Talking excessively
- ☐ Unable to engage in quiet or leisurely activities
- ☐ Difficulty waiting
- ☐ Often fidgety
- ☐ Inability to sit still
- ☐ Feeling "On the Go" or "Driven by a motor"
- ☐ Blurts out responses in conversations
- ☐ Interrupts or intrudes on others

This affects:

- ☐ Social
- ☐ Academic
- ☐ Occupational
- ☐ Personal care and health
- ☐ Family
- ☐ Housing and finance

❑ Deny all symptoms otherwise not marked in the section above.

- ☐ Shame or guilt surrounding eating or weight
- ☐ Excessive diet restriction
- ☐ Excess calorie counting
- ☐ Excessive exercise
- ☐ Body image concerns
- ☐ Extreme weight loss
- ☐ Binging
- ☐ Purging
- ☐ Laxative abuse
- ☐ Diuretic abuse
- ☐ Fear of gaining weight
- ☐ Fear of losing weight
- ☐ Ritualized eating behaviors
- ☐ Body checking behavior

Describe duration these has lasted for, the trigger or situation surrounding them, limiting or alleviating factors:

_____

_____

_____

❑ Deny all symptoms otherwise not marked in the section above.

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- ☐ Auditory hallucinations
- ☐ Visual hallucinations
- ☐ Olfactory hallucinations
- ☐ Tactile hallucinations
- ☐ Delusions

Describe duration these has lasted for, the trigger or situation surrounding them, limiting or alleviating factors:

_____

_____

_____

❑ Deny all symptoms otherwise not marked in the section above.

- ☐ Obsessions and thoughts that cause distress or consume a significant amount of time
- ☐ Compulsions and repetitive actions that cause distress or consume significant amounts of time

Describe duration these has lasted for, the trigger or situation surrounding them, limiting or alleviating factors:

_____

_____

_____

❑ Deny all symptoms otherwise not marked in the section above.

- ☐ Lack of empathy
- ☐ Aggressiveness
- ☐ Lack of concern for public safety
- ☐ Unstable relationships
- ☐ Emotional detachment
- ☐ History of childhood conduct disorder
- ☐ Imprisonments
- ☐ Arrests
- ☐ Fear of abandonment
- ☐ Fear of rejection
- ☐ Fear of embarrassment
- ☐ Fear of humiliation
- ☐ Chronic emptiness
- ☐ Self-damaging behavior
- ☐ Fear of heights
- ☐ Fear of crowds
- ☐ Fear of animals
- ☐ Self-damaging behavior
- ☐ Trouble being alone or single
- ☐ Need for order and neatness
- ☐ Odd or magical thinking
- ☐ Need for control to the point it would disturb others
- ☐ Trouble with feelings of distrust or suspicion

❑ Deny all symptoms otherwise not marked in the section above.

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