

Psychiatric examination

Structure of Anamnesis for the credit

Credentials of patients

- Name, date of birth

Reason for admission

- current problem described by patient, in their words; Important to ask this early as to show interest in patient's problem; can ask collaterals about main issue here too: any other symptoms? what mood? sleeping issues? eating habits? energy levels...?

Medical Anamnesis

- Family (Parent, siblings, children - age, death, relationship with; history of mental diseases)
- Somatic status and diseases (Any current comorbidities?)
- Allergies, medications taken
- Substance abuse (Alcohol, smoking, illicit drugs)
- Past life (Key events [traumatic or otherwise important], relationships with family members/friends/partners)
- Social status (living conditions: alone or with someone? financial status?)
- Work: profession? how many jobs has the patient changed? highest level of education achieved
- Sexual life: how many partners in past and present?
- If female: Gynecological anamnesis [menses, menopause, pregnancies/deliveries/abortions, surgeries, contraceptives]
- if time permits: Hobbies, interests? - can give us insight into patient's status
- Self concept: describe yourself to me... [macromania? micromania? both are delusions]
- Wishes: what do you wish for? Can elaborate on person's thinking, plans, etc.

Psychiatric anamnesis

- (hospitalization history, suicidal attempts; outpatient psychiatrist). From psychiatric anamnesis we mainly want to gain patient's current mental state; describe the mental state of patient seen TODAY [subject to change]:
 - general description
 - consciousness: vigilant? lucid?
 - orientation: delirious? In contact with reality?
 - Psychomotoric tempo [evaluate speech and movements!]: slow can indicate depression or catatonia; fast can indicate mania or anxiety]
 - appearance
 - Answer coherence: the question answered - without delay? With delay? [delay in answering can indicate depression, dementia or hallucinations (waiting for voices' instructions before answering)]
 - Intoxication status (describe and signs of withdrawal, if apparent)
 - mood [sad, elevated, normal], affect = emotional reactivity [calm/stable, unstable/irritable, impulsive]; anxiety level? tension?
 - Thinking:
 - process → coherent, incoherent?
 - content → delusions?
 - Hallucinations?
 - Suicidal ideation (just thoughts)? tendencies (thoughts materializing into actions)?
 - aggression (auto and hetero! can be verbal, toward things or physical aggression)
 - NB: suicidal ideation/tendencies and presence of aggression will determine if patient will be hospitalized involuntarily!!!
 - Self harming
 - Insight - none? present? (full or partial?)

Write proposed diagnosis

Write DDx

Write proposed therapy (pharmacotherapy, psychotherapy)

NB: Whatever you do, if you no time - must acquire at least: comorbidities, present allergies and drugs taken (chronic, intoxication).

Example (under construction)

Links

Related Articles

Bibliography

References

- Structure as proposed by MUDr. Podgorná, Psychiatrist at 1.LF UK- summarized by Betty Berezovsky