



Company Name

PSYCHIATRIC NURSING ASSESSMENT

Date: _____ Time In: _____ Time Out: _____

Patient: _____ ID#: _____

Check box for most appropriate answer. If "Normal" is checked, go to next section. If not "Normal", rate pertinent items only. 1 = Mild 2 = Moderate 3 = Severe

GENERAL APPEARANCE <input type="checkbox"/> Normal	INTERVIEW BEHAVIOR <input type="checkbox"/> Normal	CONTENT OF THOUGHT <input type="checkbox"/> Normal	SENSORIUM <input type="checkbox"/> Normal
Facial Expressions:	Angry Outbursts 1 2 3	Suicidal Thoughts 1 2 3	Orientation Impaired
Sad 1 2 3	Irritable 1 2 3	Suicidal Plans 1 2 3	Time 1 2 3
Expressionless 1 2 3	Impulsive 1 2 3	Assaultive Ideas 1 2 3	Place 1 2 3
Hostile 1 2 3	Hostile 1 2 3	Homicidal Thoughts 1 2 3	Person 1 2 3
Worried 1 2 3	Silly 1 2 3	Homicidal Plans 1 2 3	Memory
Avoids Gaze 1 2 3	Sensitive 1 2 3	Antisocial Attitudes 1 2 3	Level of Consciousness 1 2 3
Dress: 1 2 3	Apathetic 1 2 3	Suspiciousness 1 2 3	Inability to Concentrate 1 2 3
Meticulous 1 2 3	Withdrawn 1 2 3	Poverty of Content 1 2 3	Amnesia 1 2 3
Clothing, Hygiene Poor 1 2 3	Evasive 1 2 3	Phobias 1 2 3	Poor Recent Memory 1 2 3
Eccentric 1 2 3	Passive 1 2 3	Obsessions 1 2 3	Poor Remote Memory 1 2 3
Seductive 1 2 3	Aggressive 1 2 3	Compulsions 1 2 3	Confabulation 1 2 3
Exposed 1 2 3	Naive 1 2 3	Feelings of Unreality 1 2 3	INTELLECT
MOTOR ACTIVITY	Overly Dramatic 1 2 3	Feels Persecuted 1 2 3	<input type="checkbox"/> Normal
<input type="checkbox"/> Normal	Manipulative 1 2 3	Thought Blocking 1 2 3	Above Normal 1 2 3
Increased Amount 1 2 3	Dependent 1 2 3	Somatic Complaints 1 2 3	Below Normal 1 2 3
Decreased Amount 1 2 3	Uncooperative 1 2 3	Ideas of Guilt 1 2 3	Paucity of Knowledge 1 2 3
Agitation 1 2 3	Demanding 1 2 3	Ideas of Worthlessness 1 2 3	Vocabulary Poor 1 2 3
Tics 1 2 3	Negativistic 1 2 3	Excessive Religiosity 1 2 3	Serial Sevens Done Poorly 1 2 3
Tremor 1 2 3	Callous 1 2 3	Sexual Preoccupation 1 2 3	Poor Abstraction 1 2 3
Peculiar Posturing 1 2 3	Mood Swings 1 2 3	Blames Others 1 2 3	INSIGHT AND JUDGMENT
Unusual Gait 1 2 3	FLOW OF THOUGHT	Illusions:	<input type="checkbox"/> Normal
Repetitive Acts 1 2 3	Normal	Present 1 2 3	Poor Insight 1 2 3
SPEECH	Blocking 1 2 3	Hallucinations:	Poor Judgment 1 2 3
<input type="checkbox"/> Normal	Circumstantial 1 2 3	Auditory 1 2 3	Unrealistic Regarding
Excessive Amount 1 2 3	Tangential 1 2 3	Visual 1 2 3	Degree of Illness 1 2 3
Reduced Amount 1 2 3	Observational 1 2 3	Other 1 2 3	Doesn't Know Why
Speech 1 2 3	Preoccupation of Ideas 1 2 3	Delusions:	He Is Here 1 2 3
Slowed 1 2 3	Association 1 2 3	of Persecution 1 2 3	Unmotivated for
Loud 1 2 3	Normal	of Grandeur 1 2 3	Treatment 1 2 3
Soft 1 2 3	Anxious 1 2 3	of Reference 1 2 3	Unrealistic Regarding
Mute 1 2 3	Inappropriate Affect 1 2 3	of Influence 1 2 3	Goals 1 2 3
Slurred 1 2 3	Flat Affect 1 2 3	Somatic 1 2 3	
Stuttering 1 2 3	Elevated Mood 1 2 3	Other 1 2 3	
	Depressed Mood 1 2 3	Are Systematized 1 2 3	
	Labile Mood 1 2 3		

ADDITIONAL COMMENTS: (Write in Delusions and Hallucinations)

PSYCHIATRICALY HOMEBOUND: Refuses to leave his home Not safe to leave his home unattended

X _____
RN (Signature/Title)

_____/_____/_____
Date