

Date and Time

S.O.A.P. note template for psychiatry (use black ink)

Subjective: Symptoms

Course

Collateral information

Stresses

Staff observations: agitation, sleep log, cooperation, behavior

Medications: name, dose, route, frequency, duration, therapeutic and side effects, compliance

Other treatments: ECT (treatment #, and as with medications), psychotherapy

Objective:

Appearance: gait \_\_\_\_, posture \_\_\_\_, clothes \_\_\_\_, ◊ grooming, ◊ mileage

General behavior: mannerisms \_\_\_\_, gestures \_\_\_\_, psychomotor activity \_\_\_\_, expression \_\_\_\_,

◊ eye contact, ◊ able to follow commands/requests, ◊ compulsions

Attitude: ◊ cooperative, ◊ hostile, ◊ defensive, ◊ open, ◊ secretive, ◊ evasive, ◊ suspicious, ◊ apathetic,

◊ easily distracted, ◊ focused, etc.

LOC: ◊ vigilant, ◊ alert, ◊ drowsy, ◊ lethargic, ◊ stuporous, ◊ asleep, ◊ comatose, ◊ confused, ◊ fluctuating, etc.

Attention: ◊ can attend, ◊ can concentrate, ◊ distractible, ◊ digit span, ◊ DLROW, ◊ calculations

Orientation: ◊ person, ◊ place, ◊ time, ◊ situation

Memory: ◊ immediate, ◊ recent, ◊ remote

Intellectual: fund of knowledge \_\_\_\_, vocabulary \_\_\_\_

MMSE: \_\_ points out of 30 achieved, missing the following tasks \_\_\_\_

Speech: volume/tone (◊ loud, ◊ soft, ◊ monotone, ◊ weak, ◊ strong), rate (◊ fast, ◊ slow, ◊ normal, ◊ pressured),

amount (◊ talkative, ◊ spontaneous, ◊ expansive, ◊ paucity, ◊ poverty), fluency/rhythm (◊ slurred, ◊ clear,

◊ with appropriately placed inflections, ◊ hesitant, ◊ with good articulation, ◊ aphasic)

Mood (inquired): ◊ depressed, ◊ euthymic, ◊ elevated, ◊ euphoric, ◊ irritable, ◊ anxious, etc.

Affect (observed): ◊ appropriate to situation, ◊ consistent with mood, ◊ congruent with thought content,

fluctuations (◊ labile, ◊ even), range (◊ broad, ◊ restricted), intensity (◊ blunted, ◊ flat, ◊ normal),

quality (◊ sad, ◊ angry, ◊ hostile, ◊ indifferent, ◊ euthymic, ◊ dysphoric, ◊ detached, ◊ elated,

◊ euphoric, ◊ anxious, ◊ animated, ◊ irritable)

Thought process/form: ◊ linear, ◊ goal-directed, ◊ circumstantial, ◊ tangential, ◊ loose associations,

◊ incoherent, ◊ evasive, ◊ racing, ◊ thought blocking, ◊ perseveration, ◊ neologisms

Thought content: ◊ delusions (type: ◊ paranoid/persecutory, ◊ grandiose, ◊ somatic, ◊ religious, ◊ bizarre,

◊ nihilistic, ◊ thought insertion, ◊ thought withdrawal, ◊ thought broadcasting), ◊ ideas of reference,

◊ magical thinking, ◊ illusions/hallucinations (type: ◊ auditory, ◊ visual, ◊ somatic, ◊ olfactory,

◊ gustatory, ◊ command, ◊ conversation, ◊ commentary), ◊ suicide/homicide (elaborate further:

◊ active, ◊ passive, ◊ hopelessness, ◊ plan, ◊ detailed plan, ◊ partially executed plan, ◊ method available,

◊ impulsivity, ◊ command hallucinations, ◊ intention, ◊ contracting), ◊ phobias (type: ◊ social,

◊ agoraphobia, ◊ specific/simple), ◊ obsessions

Insight/Judgement: ◊ aware of problem/role, ◊ abstract (◊ similarities, ◊ proverbs), ◊ understand facts,

◊ draw conclusions, ◊ problem solving

Laboratory & other tests

Assessment: Working primary diagnosis, current differential, other diagnoses

DSM-IV Axis I:

DSM-IV Axis II:

DSM-IV Axis III:

Plan: Diagnostic: obtain collateral information, further observation or questioning, tests, etc.

Specific treatment: based upon diagnosis, e.g., medication titration, how many more ECT sessions, etc.

General treatment: reduce stresses, environmental modification, symptomatic (e.g., insomnia), education

Disposition: next source of care, follow-up, back-up plans

Print your name, title (e.g., MS3), pager number, and sign