



Psychiatric History Taking and Mental Status Examination

History Taking

Components of History

- History of present illness (HPI)
- Review of symptoms
- Past psychiatric history
- Substance abuse history
- Medical/surgical history
- Family history
- Social/developmental history



History of Present Illness

Chief Complaint

- Elaborate the chief complaint (stay in the present)
 - Onset, duration, course, fluctuation and severity
 - Precipitants...why now?
 - Previous episodes and treatments of the symptoms

Psychiatric Review of Symptoms

A MAP TO MEDS:

ADHD

Mood

Anxiety

Psychosis

Trauma

OCD

Medical

Eating

Developmental

Substance use



Past Psychiatric History

- Prior psychiatric symptoms and diagnoses
- Treatment history (inpatient, outpatient, medications, therapy)
 - Previous medication trials
(medication, max dosage, duration, reason for discontinuation/change)
- Suicidality, NSSI, aggression/agitation in the past

Substance Use History



Substance Use History Cont'd



Assessment

- Current/Past Use
- Amount (max)
- First Use
- Duration
- Method



- Medical
- Legal
- Financial
- Job/School
- Relationships

Other Medical/Surgical History

- Eat – Sleep - Move
- Neurological issues (seizures, concussion, LOC)
- Cardiac concerns
- GI issues
- Endocrine problems (thyroid, pituitary/adrenal problems)
- Autoimmune (SLE, MS)
- (Medical ROS)

Family History

- History of HPI symptoms in the family and response to treatment
- H/O common psychiatric illnesses in the family (i.e., anxiety and mood problems)
- Treatment history for those problems
- H/O psychosis in the family
- H/O suicide in the family
- H/O substance use problems in the family
- Other medical/surgical history

Developmental History

- Birth complications
 - Method of conception
 - Type of delivery
 - Infections
 - Asphyxia
 - Maternal complications
 - Maternal exposure (drug/alcohol/cigarette/medication/environmental)
 - Milestones
 - Language/Learning
 - Childhood abuse /trauma

Social/Developmental History

- Living situation
- Marital/relationship history
- Support system
- Interpersonal relationships
(married/single, divorce, separation, spousal abuse, etc.)
- Children
- Education & training
- Occupation/School
- Culture, beliefs, traditions
- Strengths, hobbies
- Legal history

Components of a Mental Status Exam (MSE)



Appearance

Behavior and attitude

Speech and language

Mood and Affect

Thought content and perception

Thought process

Cognition (incl. possible Mini-Mental Status Exam)

Insight and Judgment

Appearance



Level of consciousness

Dress, grooming and personal hygiene

Attitude and level of engagement

Eye contact

Posture and motor behavior

Speech



- Fluency
- Rate
- Volume
- Tone
- Prosody
- Response latency
- Articulation

Mood



**Patient's own perception of
their mood – their own words...**

- *“How are your spirits?”*
- *“How do you feel?”*

Affect

Content

1. Sad
2. Angry
3. Irritable
4. Tearful
5. Euphoric
6. Euthymic

Range

1. Full range
2. Restricted
3. Blunted
4. Flat
5. Labile

Congruence

1. Incongruent
2. Congruent

Thought: Thought Process



- Logical vs. Illogical
- Quantity: paucity or abundance
- Speed: spontaneous, blocking
- Connectedness: flight of ideas, circumstantial, perseverative, tangential, derailment
- Abstraction: abstract or concrete

Thought: Thought Content



- Anxiety: worries, preoccupations, ruminations, obsessions, phobias
- Psychosis: Delusions (i.e., persecution, grandiosity, jealousy, reference, delusions of being controlled, systematized delusions), ideas of reference, thought insertion, thought w/d
- Perceptions: Hallucinations (i.e., auditory, visual, tactile, olfactory, gustatory), Command hallucinations, illusions, depersonalization/derealization
- Suicidal ideation (*ideation, intent, plan, means, deterrents, future orientation, attempt and previous attempts*)
- Homicidal ideation



Cognitive Function

- Orientation (*time, place, person and purpose*)
- Attention/calculation (*Serial 7's, Digit Span, spelling backwards*)
- Memory
 1. Recent (*events of the day*)
 2. Remote (*birthdays, anniversaries, SSN, and historical events*)

Higher Cognitive Function

Information and
vocabulary
(*social/political
awareness*)

Abstract thinking
(*proverbs,
similarities*)

Constructional
Ability (i.e., *figures
- intersecting
pentagons*)

Specialized Evaluations

- Folstein Mini-Mental Status Exam/MoCA
- Hamilton Depression Scale
- Beck's Depression Inventory
- Beck's Anxiety Scale
- Geriatric Depression Scale
- Neuro-Psychological Testing for Dementias
- MMPI



Insight and Judgment



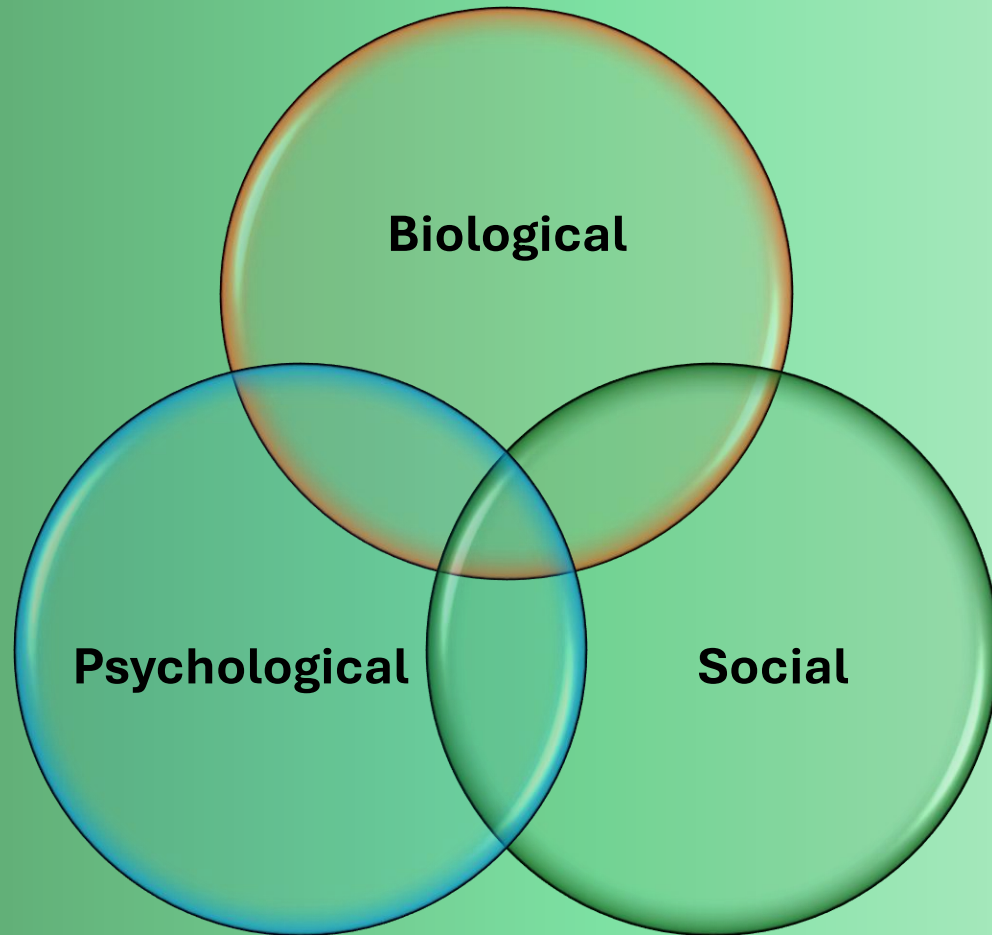
Insight

- Do you think that you are ill? Do you think that you need treatment?

Judgment

- If you ran out of medication what would you do? If you feel sick on the lithium, what would you do?

Formulation



Predisposing factors

Precipitating factors

Perpetuating factors

Protective factors

Simulation/Practice



Mental Status Module:

<https://psychmod.w3.uvm.edu/module/1>

User ID :psychmod

Password: UVMmodules!@

Join our Pigeonhole to submit your responses

Go to
pigeonhole.at

Enter passcode

NORFOLK



From Simulation



- Speech - Examples of types of speech
- Affect quiz

Describe the speech of the patient

Anonymous

Monotone, fast

0 votes

Anonymous

Pressured

0 votes

Anonymous

Fast

0 votes

Anonymous

Fast, pressured

0 votes

Anonymous

Rambling

0 votes

Anonymous

0 votes



Go to pigeonhole.at

NORFOLK

From Simulation



- Speech - Examples of types of speech
- Affect quiz

Describe the affect of the patient

Anonymous

0 votes

Hyper

Anonymous

0 votes

Animated



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