

**CLERKING SHEET
DEPARTMENT OF PSYCHIATRY
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

Date admission :

Date of clerking:

IDENTIFICATION DATA:	Patient Name: Age : Race : Marital status: Occupation: Place of stay : Education level : Informant: Name: Relation to patient: Impression of reliability:
Source of referral	
Reason for referral	
<u>CHIEF COMPLAINT</u> List the complaints (symptomology) in according to time duration (by patient) Yrs/mths/weeks/days	
<u>HISTORY OF PRESENT ILLNESS</u> 1.symptoms - duration - mode of onset Acute/gradual 2. relation between symptoms and Physical problem Psychological stressor Social stressor 3. Sleep pattern 4.Appetite & weight 5. sexual drive 6. behaviour, toilet habits, personal hygiene Menstrual disturbances Aggressive behaviour 7. perpetuating/ relieving factor 8. Ability to work, social function, study, relationship 9.Symptoms Progression 10.Treatment from whatever source	

I I U M P S Y C H

<p><u>PAST PSYCHIATRIC HISTORY.</u></p> <ol style="list-style-type: none"> 1. Nature and duration of illness Onset, age, symptoms 2. treatment Admission/outpatient Drug/ ECT Side effect 3. Outcome Progression Functionality 4. Forensic and criminal history <p>PREVIOUS MEDICAL / SURGICAL HISOTRY</p> <ul style="list-style-type: none"> Illness Accident Operation Post partum complication 	
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<p><u>FAMILY HISTORY</u></p> <p>Parents & Siblings : Occupation/Personality Age / Relationships Character of the parents Family history of medical illness</p> <p>Mental illness in family, history of suicide, drug abuse, abnormal experience</p> <p>Sign /symptoms & Treatment if available</p>	<p>GRAPHICAL PRESENTATION OF FAMILY TREE</p>
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<p><u>PERSONAL HISTORY</u></p> <ol style="list-style-type: none"> 1.Prenatal & perinatal Mother's pregnancy and birth Jaundice, fits, trauma 2.Developmental milestones - Toilet training -Behavioural problems Childhood separation anxiety, illnesses, emotional problem parenting 3.School performance -Academic / Activities 4.Delinquent behaviours 	
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5. Neurotic behaviours – nail biting, bed wetting, sleep walking, timid, stammering

6. Menstrual & masturbation history

7. Sexual experience & preferences

8. Work record
occupation
-Job changes & reason
promotion

9. Marital history
-arrange, consanguinous
-Relation with spouse
Spouse occupation, character of the spouse
-marital problem
Sexual relationship
Children- physical illness, emotional development
Social circumstances
-Current living situation, house, income, financial problem

10. Socialcultural background and beliefs

11. Social Habits
Smoking/alcohol/gambling/obsession

Drug History
-age of onset
-types/amount drug & frequency use
-tolerance
-recent usage indicating withdrawal /intoxication
-HIV status / criminality
-physical illness

PREMORBID PERSONALITY

1. relationship
friendship- few or many
superficial or close
colleague
relationship with own or
opposite sex
2. Leisure activities
Hobbies, interest,
membership of societies or
club
3. predominant mood
anxious type, worrying,
cheerful, optimistic,
pessimistic, , over confident,
controlled or demonstrative
the mood
4. Character
Sensitive,
quarrelsome, irritable,
impulsive, selfish, self
centred, shy, self conscious,
timid, reserved, lacking

<p>confident, dependent, strict, fussy, rigid, meticulous, punctual, excessively tidy</p> <p>5. Attitudes and standard Moral, religious, attitudes towards health</p> <p>6. Habits; food, tobacco, drugs</p>	
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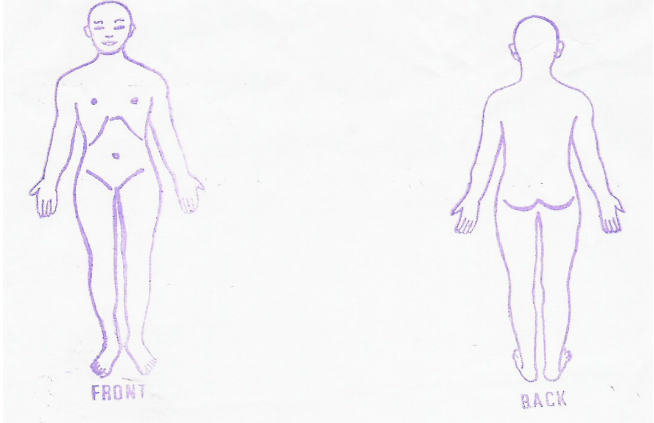
	MENTAL STATE EXAMINATION
<p><u>GENERAL APPEARANCE & BEHAVIOUR</u></p> <p>1.General appearance - Impression on dressing - self neglect, body built</p> <p>2.Social behaviour - Overfriendly/withdrawn, preoccupied, aggressive -over active, disinhibited, rapport</p> <p>3. posture and movement - depress- leaning forward, head inclined downward, downward's gaze -anxious- tremulous, restless, adjusting clothing, picking at the fingernail</p> <p>4.Facial expression - vertical furrow of the brow, widened palpebral muscle, expressionless.</p> <p>6..Eye contact</p> <p>7..Reactivity to surrounding area</p> <p>8.Mannerisms</p> <p>9.Ability to cooperate & follow instructions</p> <p>10. abnormal movement and posture. Stereotype, tics, echopraxia, ambitendence, waxy flexibility.</p>	
<p><u>SPEECH</u></p> <p>Rate / amount/ Tone/ Flow of speech—rapid shift from one topic to another topic (pressure of speech)/ poverty of speech or monosyllabic answer Logical connection, relevancy neologism</p>	

<p><u>MOOD & AFFECT</u></p> <p>1.Subjective description of mood by patient (Mood) changes in the nature of the mood - depress, anxious, happy,</p>	
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<p>anger variability of the mood</p> <ul style="list-style-type: none"> - reduced emotional expression (affect shown as blunted, flattened) - mood varies quickly (labile) - marked mood changes (emotional incontinence) <p>2. Facial expression seen by examiner (Affect) -depress/elation/irritability/anxious/blunted, flattened</p> <p>3. Consistency between mood and thought and action - appropriate affect / congruity of mood (or affect) with thought and action</p> <p><u>PERCEPTIONS</u></p> <p>1. Hallucination (give examples)</p> <ul style="list-style-type: none"> - Auditory - 2nd / 3rd persons - Visual - Olfactory - Tactile - Gustatory - Running commentary - commanding <p>2. Illusions</p> <p>3. derealization/depersonalization</p> <p><u>THINKING</u></p> <p>1. Disorders of form</p> <ul style="list-style-type: none"> - flight of ideas (clang association, rhyming, punning, preservation of logical ideas.) - perseveration - loosening of association (derailment, tangentiality, word salad, verbigeration) <p>2. Disorder of stream (amount and speed)</p> <ul style="list-style-type: none"> - pressure of thought - poverty of thought - thought blocking <p>3. Possession Thought Broadcasting Insertion / Withdrawal (give examples)</p> <p>4. Somatic Passivity (give examples)</p> <p>5. Contents of thoughts Delusions (give examples)</p> <ul style="list-style-type: none"> - reference - hypochondriacal - nihilistic - grandeur - persecutory - bizarre 	
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<ul style="list-style-type: none"> - love - religious - jealousy - guilt <p>6. Negative thoughts -past /present/future</p> <p>7.Suicidal / homicidal thoughts</p>	
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<p>Obsession</p> <ul style="list-style-type: none"> - thought /phrases - rumination - doubts - impulses - images 	
<p>COGNITIVE FUNCTION</p> <p>1.ORIENTATION Time : Approx. time /day/date/mth/year Place : Person :</p> <p>2. ATTENTION & CONCENTRATION Serial 7's (until less than 7)/ simpler subtraction/ count days in week or months in year in reverse order.</p> <p>3.MEMORY Immediate recall (repeat sequence of digits/ memorize simple objects, names, address 5 minute memory test Recent memory /events Remote memory</p> <p>4.INFORMATION / VOCABULARY Estimation intelligence level a.General knowledge b.Arithmetic ability</p> <p>5.ABSTRACTION/CONCRETE Proverbs test/interpretation Test of similiarities & differences</p> <p>6.JUDGEMENT Social judgement Situational /test judgement Personal judgement</p> <p>7.INSIGHT a. aware of being ill b. recognized the abnormality of the phenomena is due to mental illness c.The need to seek treatment</p>	

<p>PHYSICAL EXAMINATION</p> <p>General condition.</p> <p>Smell – alcohol/gum etc Tremors –include EPS Ext.injuries : Laceration/bruises/cuts/heamotoma Puncture marks Thyroid enlargement Catatonic postures Parkinsonisme</p> <p>CVS</p> <p>RESPIRATORY</p> <p>ABDOMEN</p> <p>LYMPH NODES</p>	<p>VITAL SIGN</p> <p>BP PR RR Temp.</p> <p>Consciousness:</p> <p>EXTERNAL EXAMINATION ;</p>  <p>NEUROLOGY 12 CRANIAL NERVES</p>

IIUM PSYCH

	<p>OPHTHALMOSCOPE PUPILS / FUNDUS</p> <p>Neuromuscular</p> <p>Upper Limbs Lower Limbs</p> <p>Tone (clonus)</p> <p>Power</p> <p>Sensation</p> <p>Reflex</p> <p>Plantar reflex</p> <p>Cerebellar signs</p>
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FORMULATION:

- 1. STATEMENT OF PROBLEM

2. PROVISIONAL AND DIFFERENTIAL DIAGNOSES

3. AETIOLOGY

- PREDISPOSING

- PRECIPITATING

- PERPETUATING (MAINTAINING)

4. INVESTIGATIONS

5. TREATMENT

6. PROGNOSIS

Sign & cop