

Name:

Psychiatric Interview Template

S: Subjective
(Information the client or representative told you)

Initials: K. S

Age: 54

Gender: Male

Include vital signs if provided. Document not provided if not available.

Height

Weight

Allergies (and reaction)

5'9

150lbs

Medication: none
Food: shellfish-anaphylaxis
Environment: none

History of Present Illness (HPI)

Chief Complaint (CC)
"Got a Diagnosis for Depression"

HPI

Patient reports history of depression diagnosed around 2000-2002. Had a "break" while working as a military physician after tough on-call shifts and bad patient outcomes. Subsequently diagnosed with bipolar disorder around 2007-2008. Currently stable on medications. Wonders if bipolar diagnosis was accurate at the time. Hesitant to change treatment plan since currently doing well. Denies any recent manic or hypomanic episodes. Some depression that "comes and goes." Mood, anxiety, and sleep have been pretty good lately. (Carlat, 2023). Trauma history in veterans with bipolar disorder can significantly impact suicidality (Fijtman et al., 2023).

Current Medications: Include dosage, frequency, length of time used and reason for use; also include OTC or home remedies

Medication (Rx, OTC, or Homeopathic)	Dosage	Frequency	Length of Time Used	
Lithium	900 mg	QHS	15 years	Bipol
Wellbutrin sustained release	300 mg	Daily in the am	6 months	Depre
Synthroid	Dose unknown	Q before breakfast	Unable to obtain	Hypo
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Name:

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Past Psychiatric History - Includes all previous mental health psychotherapy and medication management. Be as specific as possible, including type of provider, name if provided, year(s) of treatment, types of services received, history of trauma, self-harm or suicidal ideation.

Diagnosed with depression 2000-2002. Bipolar disorder diagnosed 2007-2008 after a "break" with tough work circumstances. Stable on current medications for years without recurrence of mood episodes. No history of suicide attempts. Client reports history of emotional and physical abuse during his childhood from his mother, unknown if treatment was involved during childhood. History of possible ADHD (eval ~1998) but never formally diagnosed (Carlat, 2023). Comorbid mental disorders, depression, and anxiety are common among Veterans initiating depression treatment through the Veterans Health Administration.

Medical History (PMHx) – Includes active medical problems (currently getting managed) and past medical problems (resolved, intervention), hospitalizations, and surgeries. Depending on the CC, more info may be needed.

Hypothyroidism - stable on levothyroxine. Patient reports his thyroid levels have been stable, with the last check being within normal range. No other significant medical history was reported (Carlat, 2023).

Family History (Fam Hx) - History includes but is not limited to illnesses with possible genetic predisposition, comorbidities, and deaths. Reason for death of any deceased first-degree relatives should be included. Include parents, grandparents (if informant is a child), and children. Include grandchildren if pertinent.