

Psychiatric History Performa

Name: _____ s/d/o _____

Age: _____

Gender: _____

Education: _____

Marital status: _____

Occupation: _____

Informer: _____

Presenting complaints

Past psychiatric history

Past Medical History

Medication

1. _____
2. _____
3. _____
4. _____
5. _____

Family history

Family psychiatric history

Personal history

Birth: Normal / c- section

Early life: Normal / Any history if yes then report _____

School & Qualifications: Good / not good / Average

Education: _____

Employment: _____

Psychosexual History: Ask about loss of libido or dislike of sexual contact. If

report then write _____

Forensic History: yes / no If yes then write

Substance Abuse: Reported / not reported

Hash Ice Marijuana opium Alcohol

Initial dosage (in-gram) _____ now quantity (in-gram) _____

Duration _____ Frequency (how many dosages per day) _____

Premorbid personality

Mood: mood was happy or not.

Social Relationship: how's relationship with other people and family members.

Moral Values: how's believe in moral values like, offer prayers, kind person, gratitude etc.

Smoking: smoking history if any quantity, and duration of smoking.

Yes / Not If yes then

Quantity: _____

Duration: _____

Attitude: ask about behavior towards the people, person and events

Stress Reaction: psychologist should ask about stress reaction in particular situation what's the emotions like, silent, abusive, weeping and aggressive (verbal and physical).

Hobbies: ask about hobbies because, it will help you during treatment.

Abnormal Traits: any abnormal traits ask them.

Others: at the end ask any other specific event things which you want to know about your clients.
