



# Inpatient Review Form Questions

## Diagnosis information:

Provide the following DSM-IV number classification:

AXIS I: Clinical Disorder

AXIS II: Personality Disorders and Mental Retardation

AXIS III: General Medical Concerns

AXIS IV: Psychosocial and Environmental Problems

AXIS V: Global Assessment of Functioning scores

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## Presentation:

- Outline the initial presentation information
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## Risk History:

- Identify any suicidality or homicidality in concerns to: prior attempts, medical/legal consequences, or family history.
  - Explain details of risk of harm, both past and present
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## Stressors:

- Identify any current or past stressors.
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## Substance Abuse:

- What are the substances used?
  - What are the amounts, frequency, and the duration of use?
  - When was the substances last used?
  - Are there any current withdrawal symptoms?
  - Inquiries made into current vital signs and lab results.
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## Mental Health / Substance Abuse Treatment History:

- List any previous mental health / substance abuse treatment history.
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## Family Mental Health and Substance Abuse History:

- Identify any family mental health or substance abuse history.
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## Current Medication:

- List all medications being used by: name, dosage, frequency, start date, and end date. Identify any other concerns about medication use (example: side effects or allergies).
  - List who prescribed the medication.
  - Identify the Primary Care Physician and care coordination between practitioners.
  - Outline any additional comments concerning medication.
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**Medical History:**

- Identify relevant medical history.
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**Family / Social Supports:**

- Identify family and social supports.
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**Treatment Plan:**

- Identify treatment goals, interventions, and time lines.
  - List any discharge planning information (if needed) and identify any barriers to possible follow-up.
  - How are SX currently impacting the participant's ability to function?
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**Discharge Plan:**

- Outline discharge plan in regards to follow-up, support needs, and relapse concerns.