

Shuree Home Healthcare, Inc.  
 4492 W. Lawrence Ave.  
 Chicago, IL 60630  
 Phone: (773) 283-4950 | Fax: (773) 283-4980

**SN Psychiatric Nurse Assessment**

|                                   |                            |                   |                   |
|-----------------------------------|----------------------------|-------------------|-------------------|
| <b>Patient Name:</b>              | <b>Visit Date:</b>         | <b>Time In:</b>   | <b>Time Out:</b>  |
| <b>Episode Range:</b>             | <b>MR:</b>                 | <b>DOB:</b>       | <b>Physician:</b> |
| <b>Last Physician Visit Date:</b> | <b>Associated Mileage:</b> | <b>Surcharge:</b> |                   |
| <b>Primary DX:</b>                | <b>Secondary DX:</b>       |                   |                   |

| Appearance   | Motor Activity  | Speech  | Flow of Thought   |
|--|---|---|---|
| <input type="checkbox"/> WNL for Patient<br><b>Facial Expressions</b><br><b>Sad:</b><br><b>Expressionless:</b><br><b>Hostile:</b><br><b>Worried:</b><br><b>Avoids Gaze:</b><br><br><b>Dress</b><br><b>Meticulous:</b><br><b>Clothing, Hygiene</b><br><b>Poor:</b><br><b>Eccentric:</b><br><b>Seductive:</b><br><b>Exposed:</b><br><b>Comments</b><br><hr/> | <input type="checkbox"/> WNL for Patient<br><b>Increased</b><br><b>Amount:</b><br><b>Decreased</b><br><b>Amount:</b><br><b>Agitation:</b><br><b>Tics:</b><br><b>Tremor:</b><br><b>Peculiar</b><br><b>Posturing:</b><br><b>Unusual Gait:</b><br><b>Comments</b><br><hr/> | <input type="checkbox"/> WNL for Patient<br><b>Excessive</b><br><b>Amount:</b><br><b>Reduced</b><br><b>Amount:</b><br><b>Speech:</b><br><b>Slowed:</b><br><b>Loud:</b><br><b>Soft:</b><br><b>Mute:</b><br><b>Slurred:</b><br><b>Stuttering:</b><br><b>Comments</b><br><hr/> | <input type="checkbox"/> WNL for Patient<br><b>Blocking:</b><br><b>Circumstantial:</b><br><b>Tangential:</b><br><b>Perseveration:</b><br><b>Flight of Ideas:</b><br><b>Loose</b><br><b>Association:</b><br><b>Indecisive:</b><br><b>Comments</b><br><hr/> |

| Mood and Affect  | Sensorium   | Intellect  | Insight and Judgment  |
|--|---|--|---|
| <input type="checkbox"/> WNL for Patient<br><b>Anxious:</b><br><b>Inappropriate</b><br><b>Affect:</b><br><b>Flat Affect:</b><br><b>Elevated Mood:</b><br><b>Depressed Mood:</b><br><b>Labile Mood:</b><br><b>Comments</b><br><hr/> | <input type="checkbox"/> WNL for Patient<br><b>Orientation Impaired</b><br><b>Time:</b><br><b>Place:</b><br><b>Person:</b><br><br><b>Memory</b><br><b>Clouding of</b><br><b>Consciousness:</b><br><b>Inability to</b><br><b>Concentrate:</b><br><b>Amnesia:</b><br><b>Poor Recent</b><br><b>Memory:</b><br><b>Poor Remote</b><br><b>Memory:</b><br><b>Conflabulation:</b><br><b>Comments</b><br><hr/> | <input type="checkbox"/> WNL for Patient<br><b>Above Normal:</b><br><b>Below Normal:</b><br><b>Paucity of</b><br><b>Knowledge:</b><br><b>Vocabulary Poor:</b><br><b>Serial Sevens</b><br><b>Done Poorly:</b><br><b>Poor Abstraction:</b><br><b>Comments</b><br><hr/> | <input type="checkbox"/> WNL for Patient<br><b>Poor Insight:</b><br><b>Poor Judgment:</b><br><b>Unrealistic</b><br><b>Regarding</b><br><b>Degree of Illness:</b><br><b>Doesn't Know</b><br><b>Why He Is Here:</b><br><b>Unmotivated for</b><br><b>Treatment:</b><br><b>Unrealistic</b><br><b>Regarding Goals:</b><br><b>Comments</b><br><hr/> |

| Interview Behavior   | Content of Thought   |
|--|--|
| <input type="checkbox"/> WNL for Patient<br><b>Angry Outbursts:</b><br><b>Irritable:</b><br><b>Impulsive:</b><br><b>Hostile:</b><br><b>Silly:</b><br><b>Sensitive:</b><br><b>Apathetic:</b><br><b>Withdrawn:</b> | <input type="checkbox"/> WNL for Patient<br><b>Suicidal Thoughts:</b><br><b>Suicidal Plans:</b><br><b>Assaultive Ideas:</b><br><b>Homicidal Thoughts:</b><br><b>Homicidal Plans:</b><br><b>Antisocial Attitudes:</b><br><b>Suspiciousness:</b><br><b>Poverty of Content:</b> |

Clinician Signature:  Date:

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| <b>Primary DX:</b>                | <b>Secondary DX:</b>       |                   |                   |

| Interview Behavior   | Content of Thought   |
|--|--|
| <b>Evasive:</b><br><b>Passive:</b><br><b>Aggressive:</b><br><b>Naive:</b><br><b>Overly Dramatic:</b><br><b>Manipulative:</b><br><b>Dependent:</b><br><b>Uncooperative:</b><br><b>Demanding:</b><br><b>Negativistic:</b><br><b>Callous:</b><br><b>Mood Swings:</b><br><b>Comments</b> | <b>Phobias:</b><br><b>Obsessions:</b><br><b>Compulsions:</b><br><b>Feelings of Unreality:</b><br><b>Feels Persecuted:</b><br><b>Thoughts of Running Away:</b><br><b>Somatic Complaints:</b><br><b>Ideas of Guilt:</b><br><b>Ideas of Hopelessness:</b><br><b>Ideas of Worthlessness:</b><br><b>Excessive Religiosity:</b><br><b>Sexual Preoccupation:</b><br><b>Blames Others:</b><br><br><b>Present:</b><br><br><b>Auditory:</b><br><b>Visual:</b><br><b>Other:</b><br><br><b>Of Persecution:</b><br><b>Of Grandeur:</b><br><b>Of Reference:</b><br><b>Of Influence:</b><br><b>Somatic:</b><br><b>Are Systematized:</b><br><b>Other:</b><br><b>Comments</b> |

| Interventions   |   |
|---|---|
| <input type="checkbox"/> Suicidal and safety precautions<br><input type="checkbox"/> Problem solving, positive coping, decision making and stress management technique<br><input type="checkbox"/> Reality/congruent thinking techniques<br><input type="checkbox"/> Emergency and crisis intervention<br><input type="checkbox"/> Recognition of cardiovascular and neurological side effects of medication<br><input type="checkbox"/> Positive feedback to reality and realistic feelings<br><br><input type="checkbox"/> Relaxation and stress management techniques<br><input type="checkbox"/> Entry back into community and importance of interacting with others in the environment<br><input type="checkbox"/> Calming techniques for agitation<br><input type="checkbox"/> Instruct recognition of exacerbation of illness, hallucinations, and delusions, inappropriate thought patterns and disorganization<br><input type="checkbox"/> Instruct importance of providing positive reinforcement for positive actions<br><input type="checkbox"/> Instruct need for supportive psychotherapist | <input type="checkbox"/> Relaxation, imagery and deep breathing exercises<br><input type="checkbox"/> Recognition of s/sx complications of crisis and when to call MD<br><br><input type="checkbox"/> Anger management<br><input type="checkbox"/> Recognition of thoughts and verbally express painful ones<br><input type="checkbox"/> Ability to focus thoughts on feelings and verbally express painful ones<br><input type="checkbox"/> Importance of supportive therapy, reality testing, and positive feedback, validation and confrontation<br><input type="checkbox"/> Relationship between feelings and behavior, impulse control behaviors<br><input type="checkbox"/> Grieving process and bereavement counseling<br><br><input type="checkbox"/> Instructs time planning skills to prevent being overwhelmed<br><input type="checkbox"/> Instruct exploration of painful or anxious feelings and/or identifying ambivalent feelings<br><input type="checkbox"/> Instruct need for concrete realities and focus on thoughts<br><input type="checkbox"/> Instruct recognition of illness, mood swings, hyperactivity, delusions, euphoria's, |

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**Interventions**

- Instruct in s/sx of lithium toxicity
- Instruct recognition of illness, mood swings, hyperactivity, delusions, euphoria's, grandiosity, depression and/or despondence
- grandiosity, depression and/or despondence
- Instruct positive coping skills to deal with disease and symptoms

**Comments**

\_\_\_\_\_

**Goals**

- N/A
- Make daily social contacts as evidenced by \_\_\_\_\_ wks.
- Improve interpersonal relationships by \_\_\_\_\_ wks.
- Decrease neurotic behavior by \_\_\_\_\_ wks.
- Verbalize absense of suicidal ideation, intent and plan by \_\_\_\_\_ wks.
- Verbalize absense of violent ideation by \_\_\_\_\_ wks.
- Exhibit elevated mood as evidenced by: \_\_\_\_\_ wks.
- Make daily social contacts as evidenced by: \_\_\_\_\_ wks.
- Maintain stable weight, nutrition, hydration status w/weight gain of \_\_\_\_\_ lbs by \_\_\_\_\_ wks.
- Achieve GI/GU managements as evidence by: \_\_\_\_\_ wks.
- Verbalize and achieve symptom control of sleep disturbance of \_\_\_\_\_ h/noc by \_\_\_\_\_ wks.
- Exhibit control of thought disorder as evidenced by \_\_\_\_\_ wks.
- Achieve maximum level of self-care as evidenced by \_\_\_\_\_ wks.
- Verbalize adequate knowledge of disease process & know when to notify physician by \_\_\_\_\_ wks.
- Exhibit decreased hyperactivity & safe behaviors as evidence by \_\_\_\_\_ wks.
- Demonstrate positive coping mechanisms & verbalize 2 realistic goals by \_\_\_\_\_ wks.
- Verbalize 2 management techniques of disease by \_\_\_\_\_ wks.
- Other: \_\_\_\_\_
- Exhibit stable weight, nutrition, hydration status w/weight gain of \_\_\_\_\_ lbs by \_\_\_\_\_ wks.
- Demonstrate coping strategies by \_\_\_\_\_ wks.
- Verbalize a decrease in depression by \_\_\_\_\_ wks.
- Will not harm self as evidenced by: \_\_\_\_\_ wks.
- Verbalize s/sx suicidality, crisis intervention, when to call physician/911 by \_\_\_\_\_ wks.
- Demonstrate 2 coping skills as evidenced by: \_\_\_\_\_ wks.
- Exhibit goal directed thoughts as evidence by: \_\_\_\_\_ wks.
- Achieve sx control of CV & CP status w/meds & relaxation skills AEB by \_\_\_\_\_ wks.
- Verbalize bowel management as evidence by: \_\_\_\_\_ wks.
- Exhibit control of anxiety w/med & relaxation skills AEB by \_\_\_\_\_ wks.
- Achieve mobility/safety management as evidenced by \_\_\_\_\_ wks.
- Verbalized medications, use schedule & side effects and patient will take as ordered by \_\_\_\_\_ wks.
- 97 Verbalize goal-directed thoughts, really based orientation & congruent thinking by \_\_\_\_\_ wks.
- Refrain from boastful/delusional behaviors & from interrupting conversations by \_\_\_\_\_ wks.
- Experience no untoward ECT complications by \_\_\_\_\_ wks.
- Verbalize 2 s/sx of illness by \_\_\_\_\_ wks.

**Comments**

\_\_\_\_\_

**Rehab Potential**

- Fair
- Good
- Excellent

**Comments/Narrative**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Homebound Status**

- N/A
- Exhibits considerable & taxing effort to leave home
- Requires assistance to get up/move safely
- Severe Dyspnea

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**Homebound Status**

- Unable to safely leave home unassisted
- Unsafe to leave home, psychiatric impairments
- Unable to leave home due to medical restriction(s)
- Other \_\_\_\_\_

**Home Environment**

|                            |             |
|----------------------------|-------------|
| <b>Physician Signature</b> | <b>Date</b> |
|----------------------------|-------------|

Large empty rectangular area for notes or assessment details.

|                                   |                    |
|-----------------------------------|--------------------|
| <b>Clinician Signature:</b> _____ | <b>Date:</b> _____ |
|-----------------------------------|--------------------|