

Mental Health Notes

Patient Information

Name:

Date of Birth:

Gender:

Contact Information:

Phone:

Email:

History of Present Illness

(Provide a detailed description of the patient's current symptoms, including onset, duration, frequency, severity, and any factors that alleviate or exacerbate the symptoms.)

Assessment

(Evaluate the patient's risk of harm to themselves or others. Include information about suicidal ideation, intent, and the availability of a support network.)

Diagnostic Impressions:

Risk Assessment:

Psychosocial Factors

(Explore any relevant psychosocial factors contributing to the patient's mental health concerns, such as recent life events, relationships, or environmental stressors.)

Treatment Plan

Goals:

(Specify the treatment goals to address the patient's mental health concerns.)

Interventions:

(Describe the specific interventions or therapeutic approaches that will be used to achieve the treatment goals.)

Medication:

(If applicable, include details about the prescribed medication, dosage, and monitoring plan.)

Progress

(Document the patient's progress, including any changes in symptoms, adherence to the treatment plan, and any side effects or concerns related to medication.)