

# Psych Nurse Report Sheet

Patient Information	
Name:	
Age:	
Gender:            Male            Female            Other:	
Medical Record Number:	
Room Number:	
Date of Admission:	
Assessment	
<b>Mood</b> <input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Anxious <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable	<b>Affect</b> <input type="checkbox"/> Congruent <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Restricted
<b>Thought Content</b> <input type="checkbox"/> Logical <input type="checkbox"/> Rational <input type="checkbox"/> Delusional <input type="checkbox"/> Paranoid <input type="checkbox"/> Suicidal / Homicidal Ideation	<b>Behavior</b> <input type="checkbox"/> Cooperative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Restless <input type="checkbox"/> Aggressive <input type="checkbox"/> Hallucinating
Vital Signs	
Temperature:	
Blood Pressure:	
Heart Rate:	
Respiratory Rate:	
Oxygen Saturation:	

**Medications****Safety Precautions**

Suicide Risk Assessment:

Fall Risk Assessment:

**Care Plans and Interventions**

Treatment Goals:

Interventions:

**Observations and Notes**

**Communication and Handover**

**Documentation and Signatures**

Nurse's Signature:

Date:

**Additional Resources**

**Notes**