

Psych Nurse Report Sheet

Patient Information	
Name:	
Age:	
Gender:	Male Female Other:
Medical Record Number:	
Room Number:	
Date of Admission:	
Assessment	
Mood <input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Anxious <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable	Affect <input type="checkbox"/> Congruent <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Restricted
Thought Content <input type="checkbox"/> Logical <input type="checkbox"/> Rational <input type="checkbox"/> Delusional <input type="checkbox"/> Paranoid <input type="checkbox"/> Suicidal / Homicidal Ideation	Behavior <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 Withdrawn 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