

# Psych Nurse Report Sheet

<b>Patient information</b>	
<b>Name:</b>	
<b>Date of birth:</b>	
<b>Gender:</b>	
<b>Medical record number:</b>	
<b>Room number:</b>	
<b>Admission date:</b>	
<b>Assessment</b>	
<b>Mood:</b>  Euthymic  Depressed  Elevated  Anxious  Irritable  Other:	<b>Affect:</b>  Congruent  Blunted  Flat  Labile  Restricted  Other:
<b>Thought content:</b>  Logical  Rational  Delusional  Paranoid  Suicidal / Homicidal ideation  Other:	<b>Behavior:</b>  Cooperative  Withdrawn  Restless  Aggressive  Hallucinating  Other:
<b>Vital signs</b>	
<b>Temperature:</b>	
<b>Blood pressure:</b>	
<b>Heart rate:</b>	
<b>Respiratory rate:</b>	
<b>Oxygen saturation:</b>	

**Medications****Safety precautions****Suicide risk assessment:****Fall risk assessment:****Observations and notes****Documentation and signatures****Nurse's signature:****Date:****Notes:**