

Psych Nursing Assessment Cheat Sheet

Patient Information

Name:

Date of Birth:

Gender:

Contact Information:

A. General Information

Orientation:

Person:

Place:

Time:

Language:

Coherent:

Fluent:

Appearance:

Grooming:

Dress:

B. Thoughts and Emotions

Thought Content:

Hallucinations:

Delusions:

Mood:

Euthymic:

Depressed:

Euphoric:

Perception:

Reality Testing:

C. Behavior

Activity Level:

Hyperactive:

Hypoactive:

Motor Behavior:

Agitation:

Restlessness:

D. Cognition

Memory:

Short-term:

Long-term:

Attention:

Concentration:

Insight/Judgment:

Self-awareness:

Decision-making:

E. Relationships

Social Support:

Family:

Friends:

Interpersonal Dynamics:

Cooperation:

Conflict:

Symptom Severity Rating

Scale: 0 (None) - 10 (Severe)

A. Anxiety:

B. Depression:

C. Agitation:

D. Suicidal Ideation:

E. Homicidal Ideation:

Interventions
Communication:
Active listening:
Therapeutic communication:
Crisis Management:
De-escalation techniques:
Safety Assessment:
Risk of harm to self or others:
Medication Management:
Current medications:
Side effects: