

# Psychiatrist Note Template

Patient Information				
First Name	Last Name	Date of Birth	Gender	
ID	Appointment Date and Time			
Medication				
Medication	Dose	Frequency	Indication	Note
Psychiatrist Note				
Psychiatrist Note				
Change(s) to Medication				
Referral/Follow-up				
Psychiatrist Name (Printed)	Psychiatrist Signature		Date	