

HISTORY AND PHYSICAL EVALUATION FORM

Student _____ Date _____

Evaluator _____

	UNS 1	MAR 2	MEE 3	COM 4	EXC 5	Comments
Identifying Data						
Chief Complaint						
History of Present Illness						
Past History						
Medical History						
Psychiatric History						
Substance Abuse History						
Social History						
Family Medical/Psychiatric History						
Review of Systems						
Physical Exam (Including Neurological)						
MSE						
Appearance & Behavior						
Speech						
Mood & Affect						
Thought Process						
Thought Content						
Cognitive State						
Insight & Judgment						
Diagnostic Formulation (Narrative Assessment)						
Diagnosis (Axis I – V)						
Initial Treatment Plan						

Definition of the Rating Scale

- 1 = Unsatisfactory:** Fails to meet expectations
- 2 = Marginal:** Difficulty meeting expectations; needs additional help
- 3 = Meets Expectations:** Majority of the time meets expectations
- 4 = Commendable:** Frequently exceeds expectations
- 5 = Excellent:** Consistently exceeds expectations

Please comment specifically on quality of write-up, strengths and suggestions for improvements, if any.

This evaluation was discussed with me.

Student _____

Date _____

