Community College of Aurora
EMS Education
Clinical Assessment Sheet

Psychiatric Assessment

□ Abd □ Adult(18-65) □ Adult Dys □ AMS □ Cardiac □ ETT □ Ger(65+) □ IV
□ Medication □ OB □ Ped(<18) □ Ped Dys □ Psych □ Syncope □ TL □ Trauma □ Vent

Student name: **Date:** **Patient age:**

List all medications administered by student:

Physical Assessment
Level of consciousness: A V P U Agitated Obtunded Confused Uncooperative
Airway patent: Yes No **Respirations:** Normal Labored Hypo Hyper Absent
Circulation: Pulse found at: Radius Carotid Strong Weak Absent
Pupils: Equal Unequal Reactive Fixed Dilated Pinpoint
Description of breath sounds:
Patient's chief complaint:
What triggered this episode?
Similar past episodes? Describe
What, if anything, resolved past episodes?
History of hospitalization for mental illness? Yes No **When?**
History of suicide attempt? Yes No **How?**
Current medications:
Recent medication change? Yes No **What?**
History of drug/alcohol abuse? Yes No **Recent use?** Yes No
Head trauma? Yes No **When?**
Alzheimer's? Yes No **Stroke/TIA?** Yes No **When?**
Distinct odor on breath? Yes No **Describe:**
Has this happened before? Yes No **Diagnosis:**
Skin signs: Temp: Normal Cold Hot **Moisture:** Dry Moist **Color:** Pink Pale Cyanotic
Briefly review the pathophysiology of the patient's problem:
Briefly review potential sequelae of patient's problem and/or treatment received: