

Los Angeles Harbor College  
 Associate Degree Nursing Program  
 N343 – Nursing Process & Practice in the Psychosocial Adaptation of the Adult Client

**PSYCHIATRIC NURSING HISTORY & ASSESSMENT OF THE ADULT CLIENT**

**REFER TO THE CLINIC GUIDE H&A INSTRUCTIONS AND CHO'S ASSESSMENT TOOL FOR THE ROY ADAPTATION MODEL TO COMPLETE THIS FORM**

Student	Clinical Instructor	Agency	Care Date(s)
Patient's Initials	Age	Gender	Unit

Date of History/Physical Assessment: _____ Informant(s): _____ Reliable (Y/N) _____	
Psychiatric Diagnosis:	
Chief Complaint (few words explaining the main area of concern):	
Current Psychiatric History (Write the <u>story</u> that describes the <u>behaviors</u> that resulted in hospitalization at this time, not the diagnoses):	
Past Psychiatric History (Describe when the psychiatric problems started and treatment up to now, note number of past hospitalizations.):	
Psychiatric Plan of Care (what are the psychiatric goals for this hospitalization and how will they be achieved):	
Living Situation:	
Current Medical History (document any medical concerns being addressed at this time):	
Past Medical History (include past medical hospitalizations/surgeries/trauma/diseases, etc.):	
Medical Plan of Care (what are the <u>medical</u> goals for this hospitalization and how will they be achieved):	
Lab/Diagnostic Test Results (include therapeutic drug levels; What do you expect to check even if not in the chart?):	
Alcohol/Substance Use: Amount Used/Length of Use:	Smoking: Packs per day:                      Pack years:
Allergies:	
Medications:	

## II. GENERAL ASSESSMENT (Highlight ALL ineffective behaviors)

<u>Cognition/Sensation</u>	Ability to communicate: _____	Skin Appearance: _____
LOC: _____	_____	Skin Integrity: _____
Orientation: _____	Neuro Check: _____	Prosthesis (dental/vision/hearing): _____
Affect: _____	Mobility: _____	_____
Eye contact: _____	Activity Level: _____	

## III. ASSESSMENT ACCORDING TO MODES

Physiologic Mode – Subjective Data	Physiologic Mode – Objective Data
Dizziness/Weakness: _____	Vital Signs: T _____ P _____ R _____ B/P _____
Cramping/Seizures: _____	Confusion: _____
Bleeding/Bruising: _____	Breathing Effort: _____
Fatigue: _____	Peripheral Edema: _____
Palpitations/Chest Pain: _____	Motor Activity (hyper/hypoactive): _____
Nausea/Vomiting: _____	Safety Precautions: _____
Appetite: _____	Diet: _____ Meal %: _____
Usual Pattern of Elimination (BM): _____	Admission Wt: _____ Current Wt: _____
Last BM: _____	Height: _____ BMI: _____
Usual Sleep Pattern: _____	Hearing: _____ Posture: _____
Current Sleep Pattern: _____	Observed Exercise: _____
Usual Activity/Exercise: _____	Excessive Fluid Intake: _____
Current Activity/Exercise: _____	Signs of EPS: _____
Sensory Deficits: _____	Fall/Injury Risk: _____
Pain (location; _/10): _____	Other: _____
Anxiety (_/10) _____	
Self- Concept Mode – Subjective Data	Self-Concept Mode – Objective Data
<b>How one perceives the total self both physically and mentally.</b>	
<u>Physical Self</u>	
Stated Perception of Physical Health: _____	Appearance/Dress: _____
_____	_____
Body Image: _____	Attitude: _____
Somatic Complaints: _____	Mood: _____
Unusual Sensations/Perceptions: _____	Mood Changes: _____
	Memory (impaired or intact): _____
<u>Personal Self</u>	Concentration: _____
Stated Perception of Illness: _____	Insight: _____
Perception of Spirituality _____	Judgment: _____
Statement of Mood: _____	Speech: _____
Anxiety: _____	Thought Processes: _____
Fear: _____	Perception: _____
Guilt: _____	Delusions: _____
Suicidal/Homicidal Ideation: _____	Signs of Hallucinations: _____
Hallucinations: _____	Obsessions/Compulsions: _____
Obsessions/Compulsions: _____	Defense Mechanisms: _____
Self-esteem: _____	Expressions of Sexuality: _____
Ambivalence: _____	Control of Impulses: _____
Coping Skills: _____	Self-Harm Behavior: _____
Strengths: _____	Aggressive/Assaultive behavior: _____
Weaknesses: _____	_____
Expectations/Goals: _____	Coping Skills: _____
Other: _____	Other: _____

Role Function Mode – Subjective Data	Role Function Mode – Objective Data
How well are personal needs for adaptation to perform as a member of society being met?	
<p>List of Identified Roles (patient/consumer, parent, sibling, daughter/son, spouse, student, worker, friend, homemaker, roommate, etc.): _____            _____            _____</p> <p>Statements/Feelings About Role(s): _____            _____</p> <p>Able to Meet Expectations of Role(s): _____</p> <p>Any role you would like to work on: _____</p> <p>Strengths In This Role: _____</p> <p>Weaknesses In This Role: _____</p> <p>Occupation: _____</p> <p>Education Level: _____</p> <p>Ethnicity/Culture: _____</p> <p>Religion/Spirituality: _____</p>	<p>Expected Developmental Level: _____</p> <p>Developmental Level: _____</p> <p>Primary Role: _____</p> <p>Secondary Role(s): _____</p> <p>Tertiary Role(s): _____</p> <p>Developmental Tasks: _____            _____            _____</p> <p>Stage of illness: _____</p> <p>Identify a Role Needing Adaptation: _____            _____            _____</p> <p>Other: _____</p>
Interdependence Mode - Subjective Data	Interdependence Mode – Objective Data
How well are personal needs for affectional adequacy, developmental adequacy and resource adequacy met?	
<p><b>PATIENT STATEMENTS:</b></p> <p>Support System: _____</p> <p>Significant Others: _____</p> <p>Mother: _____</p> <p>Father: _____</p> <p>Spouse/SO: _____</p> <p>Children: _____</p> <p>Siblings: _____</p> <p>Community-Based Support: _____</p> <p><i>Dependent Behaviors:</i></p> <p>Are you able to ask for help/How do you seek help when needed: _____</p> <p>Do you isolate: _____</p> <p>Are you overly dependent on any one individual: _____            _____</p> <p>Do you feel you have enough attention from others: _____            _____</p> <p>What kind of praise, nurturing, affection or emotional satisfaction do you receive from others: _____            _____            _____</p> <p><i>Independent Behaviors:</i></p> <p>Goals for this hospitalization: _____            _____</p> <p>Initiative Taking (steps taken toward this goal): _____            _____</p> <p>Obstacle Mastery (able to do this on your own): _____            _____</p>	<p><b>YOUR EVALUATION:</b></p> <p>Income Status (SSI, SDI, employed): _____            _____</p> <p>Insurance (find in chart or inquire): _____            _____</p> <p><i>Dependent Behaviors (describe what you observe):</i></p> <p>Help Seeking (assistance): _____            _____</p> <p>Attention Seeking (notice or response from others): _____            _____</p> <p>Affection Seeking (praise, approval, affection, emotional satisfaction): _____            _____</p> <p><i>Independent Behaviors (describe your evaluation):</i></p> <p>Able to plan for and provide food, shelter, clothing (consider the criteria for the 5150 hold in determining this): _____            _____            _____</p> <p>Goals for this hospitalization: _____            _____            _____</p> <p>Initiative Taking (steps taken toward this goal): _____            _____            _____</p> <p>Obstacle Mastery (ability to perform independently): _____            _____</p>

**IV. TEACHING/LEARNING NEEDS**

**Teaching/Learning Needs:** \_\_\_\_\_

**Needed Self-Care Skills:** \_\_\_\_\_

**Requests for Information:** \_\_\_\_\_

**What Was Taught:** \_\_\_\_\_

**Method Used to Evaluate Learning:** \_\_\_\_\_

**Community-based referrals:** \_\_\_\_\_

**Apps to enhance mental health/safety:** \_\_\_\_\_

**Discharge Planning (describe what you anticipate the plan will be for the following - medications, diet, activity level, treatments, therapies, follow-up appointments, living arrangements):**

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