

Case Presentation Template – Obstetrics Patients

CHIEF COMPLAINT (*reason for referral, patient's main concern*)

BRIEF ID (*name, age, sex/gender, pregnant/post-partum, gestational age, lactating*)

REFERRAL (*Who referred? Why was the referral made? What does the patient want?*)

HPI/CURRENT SYMPTOMS (*substance use, medical symptoms (N/V, diabetes), severity of anxiety/depression, SI/HI/psychosis, positive PHQ-9 Q#9, etc.*)

OUTCOME MEASURE SCORES (*PHQ-9, GAD-7, AUDIT-C, CIDI, etc.*)

CURRENT MEDICATIONS (*dose, length of time, efficacy, side effects, compliance, etc.*)

BEHAVIORAL HEALTH HISTORY AND TREATMENT (*diagnoses, family history, previous episodes, hospitalizations, outpatient treatment, suicide attempts, abuse, domestic violence, SIB, etc.*)

PREVIOUS PSYCHOTROPIC MEDICATIONS (*length, dose, efficacy, side effects, compliance, etc.*)

MEDICAL COMORBIDITY (*preexisting conditions before pregnancy, allergies, etc.*)

PSYCHOSOCIAL CONCERNS (*legal, housing, food insecurity, parenting issues, CPS, etc.*)

PREVIOUS TREATMENT PLANS

TREATMENT PLAN WILL BE DETERMINED WITH THE PSYCHIATRIC CONSULTANT (*next planned contact, psychoeducation provided, brief interventions, self-management plan, etc.*)