**SOAP/Mental Status Exam Template Questionnaire:**

**Intake**:

**ROS:**

Constitutional:

Chills, Fatigue, Fever, Malaise, Night Sweats, Weight gain, Weight loss, Other(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neurological:

Dizziness, Extremity numbness, Extremity weakness, Gait disturbance, HA, Memory loss, Seizures, Tremors, Other

Psychiatric:

Anxiety, Depression, Insomnia, Other(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Histories:**

Family: Mother/Father/Sister/Brother or Family H/O; any the cause of death

ADD/ADHD, Alcoholism, Allergies, Alzheimer ’s disease, Asthma, Blood disease, CAD, CA, CVA (stroke), Depression, Developmental delay, Diabetes, Eczema, Hearing Deficiency, Hyperlipidemia, HTN, IBS, Learning Disability, Mental Illness, Migraines, Obesity, OA, Osteoporosis, PVD, Renal disease, Seizures

Permits Blood transfusions Y/N

Caffeine: Y/N; type\_\_\_\_\_\_\_\_\_\_\_\_; amt. daily\_\_\_\_\_\_\_\_\_

Employer: occupation; restrictions; employee status; retirement date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidential Documentation**

Social Hx: (consent to include in document)

*Marital Status*:\_\_\_\_\_\_\_\_\_\_\_

*EtOH use*: age started\_\_\_\_\_\_\_\_; sought treatment Y/N; involve 12-step Y/N; withdrawal problems, seizures, blackouts from EtOH/Drugs Y/N; Emergency tx required Y/N; Family Hx Y/N; Type\_\_\_; Frequency\_\_\_; Last drink\_\_\_\_\_; Date quit

*Drug Use Y/N*: age started; type/Freq/Route/quite (date)\_\_\_\_\_\_\_\_\_\_; sought treatment Y/N (outpatient/inpatient); 12-step program Y/N; emergency attention required Y/N; Family Hx Y/N

What substance(s)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When (how long)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rehab (where/when)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Psychiatric Hx*: SI Y/N; HI Y/N; Psychiatric dx Y/N\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Psychiatrist name/phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; therapist name/phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; consent to communicate b/t psychiatrist/therapist and PCP Y/N; Fam hx of psychiatric problems Y/N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abuse/Domestic Violence Hx: Hx child abuse Y/N (Offender/physical, sexual, verbal); boys/girls, foster, or group home placement Y/N; Hx of domestic violence Y/N (perp relationship); Perp in home Y/N; Restraining order placed Y/N; Ever convicted of sexual offense Y/N

Incarceration Hx: crime convicted/facility/incarcerated from-to/probation from-to/tx status/tx from-to:

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Sexual Practices: Sexually active Y/N\_\_\_\_\_\_\_\_\_; orientation S/H/B; #partners\_\_\_\_\_; Safe sex Y/N/Sometimes, detail (condoms), #lifetime partners\_\_\_; Birth control (type)\_\_\_\_\_\_\_; BC methods discussed \_\_\_\_\_\_\_\_\_\_\_\_

STI: HIV neg/pos/not tested; Hx of STI’s\_\_\_\_\_\_\_\_\_\_\_\_;

Risk IDU x 3:/hetero/homosexual sex/multiple sex partners/prostitution/unprotected sex/sex before 18/sexual contact with IDU

**Summary:**

Summary Screening**:**

Tobacco Use: Cessation discussed; usage- type/units per day/years used/pack years; tried to quit, year quit, longest tobacco free, relapse reason; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Counseling educational factors:

**SOAP**

Physical Exam: Psych- oriented to person/place/time Y/N; Appropriate mood and affect Y/N; Poor judgment Y/N; Poor insight Y/N;

ICD-9/ICD-10 codes:

 Substance Use Disorder, Opioids

 304.01/F11.20 (opioid type dependence, continuous use or episodic, uncomplicated)

 F11.23 (opioid dependence with withdrawal)

 F11.24 (opioid dependence with opioid induced mood disorder)

 F11.282 (opioid dependence with opioid-induced sleep disorder)

 F11.229 (opioid dependence with intoxication, unspecified)

 F19.20 (other psychoactive substance dependence, uncomplicated) \*polysubstance

 304.03/F11.21 (opioid type dependence, in remission)

 V65.42/Z71.89 (counseling for substance abuse)

 Z71.51 (Drug abuse counseling and surveillance of a drug abuser)

 Substance Use Disorder, Alcohol

 305.01/F10.10 (Alcohol abuse, continuous use or episodic, uncomplicated)

 303.93/F10.21 (other, unspecified alcohol dependence, in remission)

 V65.42/Z71.41 (alcohol abuse counseling and surveillance of alcoholic)

 Adjustment Disorders

 309.0/F43.21 (adjustment disorder with depressed mood)

 309.24/F43.22 (adjustment disorder with anxiety)

 309.28/F43.23 (adjustment disorder with depressed mood and anxiety)

 V65.42/Z71.41 (counseling on substance use and abuse)