

Psychiatry Inpatient Progress Note

Patient Name:

Date:

MRN:

Subjective

Chief Complaint / Patient Report:

Mood/Affect:

Sleep / Appetite:

Objective

Mental Status Examination:

Behavior on Unit:

Vitals / Labs / Other:

Assessment

Diagnosis / Clinical Summary:

Response to Treatment:

Risk Assessment (S/HI/Other):

Plan

Medications / Adjustments:

Therapeutic Interventions:

Disposition / Discharge Plan:

Clinician Name/Signature: