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PSYCHIATRIC DIAGNOSTIC INTERVIEW

IDENTIFYING INFORMATION:

NAME:
SS#:
DOB:
AGE:
RACE/ETHNICITY:
SEX:
HANDEDNESS:
DATE:

REASON FOR SERVICE AND EVALUATION PROCEDURE:

REVIEW OF RECORDS:

PRESENTING COMPLAINTS:

MENTAL STATUS:

ACTIVITIES OF DAILY LIVING:

HISTORY:

COLLATERAL INFORMATION:

OVERALL SUMMARY:

(DSM) DIAGNOSIS:

RECOMMENDATIONS:

DISPOSITION:**INTERACTIVE COMPLEXITY (if applicable):**

- Maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement).
- Interfering/difficult caregiver emotions or behavior.
- Evidence of an event mandating report to a third party.
- Use of play equipment, other physical devices, interpreter or translator to communicate.

PQRS (DEMENTIA) (if applicable):

- Cognitive Assessment
- Neuropsychiatric Symptom Assessment
- Screening for Depressive Symptoms (patient and caregiver)
- Functional Status Assessment
- Management of Neuropsychiatric Symptoms
- Counseling Regarding Safety Concerns (patient and caregiver)
- Counseling Regarding Risks of Driving and Alternatives to Driving
- Caregiver Education and Support
- Staging of Dementia

TIME:

Sincerely,

Antonio E. Puente, Ph.D.