## Friday Virtual Clinic for NIMHANS Digital Academy-Virtual Knowledge Network Accredited Doctors

#### To be used for Non-Emergency cases

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email: econsult@vknnimhans.in Mobile number: Dr Sumit 9164749509 or Dr Prabhat: 9845313617

# NIMHANS DIGITAL ACADEMY

E-consult Proforma

## **Questions to the NIMHANS e-Consult Specialists**

- 1. Diagnosis
- 2. Pharmacological management
- 3. Non-Pharmacological Management
- 4. Other issues

\_\_\_\_\_

NIMHANS Digital Academy Accredited Doctor or other professionals

Name

Mobile number

Date

## **Sociodemographic Proforma**

**Name:** only initials. E.g.- Mr. A (Do not Mention Full Name because of Confidentiality issues)

Age: \_\_\_\_\_years

Gender: M/F New Case: OR Follow-up:

Socioeconomic status: Lower/Middle/Upper

**Occupational status:** 

Place: Urban/Rural

Informants: (from whom you are getting information)

Patient/informant Mobile number

## **Presenting Problems**

**Patient's reason for seeking treatment: E.g.** decreased sleep, tremor, weakness, reduced concentration, reduced appetite, restlessness, increase in alcohol consumption etc.

Onset: abrupt/acute/insidious

Course: continuous/episodic.

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## <u>Duration:</u>

Predisposing or Precipitating factors : <u>Psychiatry Symptoms (Tick or Circle) which is appropriate</u>

Depression:	Mania:	Anxiety:	Psychosis:
Insomnia/hypersomnia	Over activity	Hypervigilance	Delusions
Diminished Interest	Excessive	Increased	Hallucinations
Worthlessness/Guilt	happiness	Startle	Auditory/Visual/Tactile
Loss of energy	Distractibility	Avoidance	Disorganized behavior
Diminished concentration	Indiscretion (dangerous	Negative Cognitions	
Significant weight loss	activities)	Excessive	
Reduced appetite	Grandiosity	Worry	
Irritability	Flight of ideas	Panic Attacks	
Psychomotor agitation/retardation	Activity Increase	Obsessions Compulsions	
Suicidal ideation/thoughts of death	decreased need for Sleep		
	Talkativeness	DURATION:	
DURATION:	DURATION:		

## History of present illness (a brief summary)

## Substance Use History:

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Substances	Quantity	Frequeny	Last Use	Route	Duration
Alcohol	Ex: 60ml				
Tobacco					
Others					

### Any Other Mental Health Issues:

## Actively Suicidal: Yes/NO

Suicide attempt: N If yes, date of last attempt: Non-suicidal Self-Injurious Behaviors: N If yes, date of last NSSIBs: Homicide attempt: N

### **Medical Comorbidities:**

- 1. Diabetes
- **2**. Hypertension etc.

#### Past psychiatric history

Family Psychiatric History and Family relationship

## General physical examination

Pallor/icterus/cynosis/lymphadenopathy/clubbing/edema

Height- weight- BMI-

Pulse rate- BP- CVS- RS- P/A- CNS-

#### Mental Status Exam:

General Appearance & Behavior-

Psychomotor activity- normal

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Speech (tone/tempo/volume)- normal

Mood- Subjective: "I am fine"

**Objective:** Euthymic

Thought-

Perception-

Cognitive functions- adequate

Judgment (Personal, Social and Test)-

Insight-

#### **Proposed Diagnoses:**

1.

- 2.
- 3.

4

## **Current Management or Proposed Managment**

#### Pharmacological

Antidepressant s	Antipsychotics	Anxiolytics/ withdrawal	Mood Stabilizers	Others
Ex: Fluoxetine/Escit alopram	Ex: Risperidone/Ol anzepine/halope ridol	Ex: Diazepam/lor azepam	Ex: Valproate /lithium	Ex: Baclofen/dis ulfiram

#### Non-pharmacological Interventions Tried:

	TRIED?	HELPFUL?
Psychoeducation	Y/N	Y/N

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Motivational Interviewing	Y/N	Y/N	
<b>Relaxation Strategies</b>	Y/N	Y/N	
Other:	Y/N	Y/N	