Psychiatric Review of Systems

Patient Name: Jess Small **Date:** 12/11/2023

Mood	Yes	No
Depressed mood:	☑	☐
Elevated mood:	☐	☑
Irritable mood:	☑	☐
Mood swings:	☑	☐

Sleep	Yes	No
Difficulty falling asleep	☑	☐
Frequent awakenings:	☑	☐
Early morning awakenings:	☑	☐
Non-restorative sleep:	☑	☐

Anxiety	Yes	No
Excessive worry:	☑	☐
Restlessness:	☑	☐
Irritability:	☑	☐

Difficulty concentrating:	☑	☐
Physical symptoms (e.g., racing heart, sweating):	☑	☐

Psychosis:	**Yes**	**No**
Hallucinations (visual, auditory, tactile):	☐	☑
Delusions:	☐	☑
Disorganized thinking:	☑	☐

Obsessions and Compulsions:	**Yes**	**No**
Obsessive thoughts:	☐	☑
Compulsive behaviors:	☐	☑

Dissociative Symptoms:	**Yes**	**No**
Detachment or numbness:	☐	☑
Out-of-body experiences:	☐	☑
Loss of memory:	☐	☑

Trauma History:	**Yes**	**No**
Exposure to traumatic events:	☑	☐
PTSD symptoms (e.g., flashbacks, nightmares):	☑	☐

Body Image Disturbances:	Yes	No
Preoccupation with appearance:	☑	☐
Dissatisfaction with body image:	☑	☐
Engaging in weight control behaviors (e.g., excessive dieting, purging):	☑	☐

Substance Abuse:	Yes	No
Alcohol use:	☑	☐
Tobacco use:	☐	☑
Illicit drug use:	☐	☑

Cognitive Symptoms:	Yes	No
Memory problems:	☑	☐
Concentration difficulties:	☑	☐
Difficulty making decisions:	☑	☐

Suicidal Ideation:	Yes	No
Thoughts of suicide:	☐	☑
Suicide plan:	☐	☑

Additional Notes: