

PATIENT IDENTIFICATION		
ABBREVIATED PSYCHIATRIC ADMISSION NOTE (FOR ACUTE CARE UNIT)	Facility: _____ Offender: _____ GDC ID#: _____ DOB: _____ Race: _____ Sex: _____	
Chief Compliant:		
History of Present Illness:		
Mental Status:		
Assessment:		
Diagnostic Impressions:		
Primary Diagnoses: _____		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
(To Be Completed within 24 hours or next Business Day).		
_____ Psychiatrist's Signature	_____ Printed/Typed Name	_____ Date