

@NAME@ is a @AGE@ @SEX@ with *** PMH of *** presents to ED for mental health evaluation due to ***.

@FLOW(5,8,6,9,10)@

Altered level of consciousness? {Yes/No default:27181}

Confusion/Disorientation? {Yes/No default:27181}

Unexplained/New onset visual or tactile hallucinations? {Yes/No default:27181}

Focal neurologic deficit, new seizure, signs of head trauma, or new headache? {Yes/No default:27181}

Unexplained/new onset hyperactivity, mania, or agitation? {Yes/No default:27181}

Comments on the Above: ***

Signs or report of ingestion/medicine toxicity? {Yes/No default:27181}

Drug use reported/suspected? {Yes/No default:27181}

- Urine drug screen obtained on all patients over 12 or with history.

External signs of injury/self-injury? {Yes/No default:27181}

Recent sexual assault or high risk sexual behavior? {Yes/No default:27181}

- Urine pregnancy test obtained on all female patients over 12 or post-menarchal.

Comments on Above: ***

Medical Complaints: {Yes/No default:27181}

Unable to drink adequately to maintain hydration or void without difficulty? {YES/NO (DEFAULT) (CH):24598::"no"}