Psychiatric Intake Evaluation

The initial evaluation. This note establishes the medical necessity that every later session depends on, so it carries the most weight in an audit.

Patient / MRN	
Date of service	*Start ___ : ___ Stop ___ : ___ · total time ___ min*
Encounter & coding	*In person / telehealth · audio-video / audio-only · POS ___ (02 / 10) · modifier ___ (95 / 93)* *Patient location _____ · clinician location _____ · telehealth consent Y / N* *CPT _____ (90791 without medical services / 90792 with) · interactive complexity +90785 ___*
Referral source	*Referring clinician or agency · reason for referral*
Sources & consent	*Patient · family or collateral · records reviewed · interpreter used Y / N · others present _____* *Consent to treatment Y / N · telehealth consent Y / N · release of information on file Y / N*

1 History

Onset, course, and context that establish the diagnosis

Chief complaint	
History of present illness	*Onset, duration, severity, triggers, course*
Past psychiatric history	*Prior episodes, hospitalizations, medication and therapy trials, self-harm history*
Medical / surgical	
Medications / allergies	*Current and past psychotropics · doses · response · allergies*
Substance use	*Alcohol, tobacco, cannabis, other · screening tool and score if used · treatment history*
Family history	
Social / developmental	*Housing, work, school, supports, trauma, legal*

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Continued. Review of systems, exam, risk, and the baseline measures that later progress is measured against.

2 Psychiatric Review of Systems

Circle or note domains screened

Domains	*Depressive / neurovegetative · manic · anxiety · trauma · OCD spectrum · psychosis · disordered eating · ADHD · autism traits · personality traits*

3 Mental Status Exam

Observed, not reported

Appearance / behavior / psychomotor	
Speech / mood / affect	
Thought process / content	
Cognition / insight / judgment	

4 Risk Assessment

Record the reasoning, not only the rating

Risk level	*Low / moderate / high · SI · HI · self-harm · harm to others*
Dynamic / static / protective factors	
Means access	*Firearms, medications, other · lethal means counselling provided Y / N*
Safety plan	*Created Y / N · reviewed with patient Y / N · crisis contacts provided Y / N*

5 Baseline Measures

The baseline every later progress note is measured against

Rating scales	*PHQ-9 ___ GAD-7 ___ other _____ (score + date)*
Vitals / metabolic	*Height ___ weight ___ BMI ___ · blood pressure ___ · pulse ___ · baseline labs ordered*
Monitoring	*AIMS if an antipsychotic is started · pregnancy, lactation, or contraception status where a teratogenic agent is considered*

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Continued. The diagnosis and plan that carry medical necessity forward into every future session.

6 Diagnosis & Plan

Carries medical necessity forward

Diagnosis (ICD-10)	
Functional impairment	*Required for medical necessity. Impact on work, school, relationships, self-care*
Treatment plan goals	*Measurable, time-bound · numbered, so later progress notes can reference them*
Interventions / medications	*Named modality · informed consent for medications discussed and documented*
Workup / referrals / follow-up	

7 Attestation

Sign per your state, payer, and program rules

Signature	*Clinician signature* _____ *· printed name and credentials* _____ *Date and time signed* _____ *· supervising clinician if required* _____ *· date* _____

This note sets the bar for the whole course of treatment. The diagnosis, the functional impairment, and the measurable goals recorded here are what every later progress note is measured against. If the impairment is vague or the goals are not measurable, every subsequent session inherits that weakness.

Coding the intake. 90791 is the diagnostic evaluation without medical services; **90792** includes medical services and is the usual code for a prescriber. Neither is time-based, so document the clinical elements rather than relying on a time total. Add **+90785** only where you name the qualifying factor, such as an interpreter or conflicting caregiver views. An E/M code may fit better where the encounter is primarily medical — verify against your own payer contracts.