



Psychiatric Medical Clearance Checklist

1. Does the patient have new psychiatric condition? Yes No
2. Any history of active medical illness needing evaluation? Yes No
3. Any abnormal vital signs prior to transfer Yes No
 Temperature >101F
 Pulse outside of 50 to 120 beats/minute
 Blood pressure systolic < 90 or > 200; diastolic > 120
 Respiratory rate > 24 breaths/minute
 (For a pediatric patient, vital signs indices outside the normal range for his/her age and sex)
4. Any abnormal physical exam (unclothed) Yes No
 - a. Absence of significant part of body, eg, limb
 - b. acute and chronic trauma (including signs of victimization/abuse)
 - c. Breath sounds
 - d. Cardiac dysrhythmia, murmurs
 - e. Skin and vascular signs: diaphoresis, pallor, cyanosis, edema
 - f. Abdominal distention, bowel sounds
 - g. Neurological with particular focus on:
 - i. ataxia
 - ii. pupil symmetry, size
 - iii. nystagmus
 - iv. paralysis
 - v. meningeal signs
 - vi. reflexes
5. Any abnormal mental status indicating medical illness such as lethargic, stuporous, comatose, spontaneously fluctuating mental status? Yes No

ALL PATIENTS ARE TO HAVE BLOOD COUNT, ELECTROLYTES, PREGNANCY TEST AND DRUG SCREEN PERFORMED.

If no to all of the above questions, no further evaluation is necessary. Go to question #9. If yes to any of the above questions go to question #6, additional testing may be indicated.

6. Were any additional labs done? Yes No
7. What lab tests were performed? _____
 What were the results? _____
 Possibility of pregnancy? Yes No What were the results? _____
8. Were X-rays performed? Yes No What kind of x-rays performed? _____
 What were the results? _____
9. Was there any medical treatment needed by the patient prior to medical clearance? Yes No
 What treatment? _____
10. Has the patient been medically cleared in the ED? Yes No
11. Any acute medical condition that was adequately treated in the emergency department that allows transfer to a state operated psychiatric facility (SOF)? Yes No
 What treatment? _____
12. Current medications and last administered? _____
13. Diagnoses: Psychiatric _____
 Medical _____
 Substance abuse _____
14. Medical follow-up or treatment required on psych floor or at SOF: _____
15. I have had adequate time to evaluate the patient and the patient's medical condition is sufficiently stable that transfer to
 SOF or psych floor does not pose a significant risk of deterioration.

Physician Signature: _____ MD/DO