

**GOVT. MEDICAL COLLEGE HOSPITAL, IDUKKI**  
(FORMER DISTRICT HOSPITAL)  
**VIMUKTHI INPATIENT**  
**SUMMARY SHEET**

Head of service (Dept. of Psychiatry)				Inpatient No.	
Name of Patient		Age	Sex	Religion	
Address :			Income	Date of admission with time	
Phone (1) :					
Name of Carer					
Phone (2) :					
Final Diagnosis				Dg. Code No.	
Mode of Admission <input type="checkbox"/> Independent <input type="checkbox"/> Supported				Date of discharge (with time)	

**Discharge Highlights**

*Signature of M.O. in-charge*

Form – C

**സ്വമേധയാ അഡ്മിറ്റാകുന്നതിനുള്ള അപേക്ഷ**

ലഹരി ഉപയോഗ ശീലം മാറ്റുന്നതിലേക്കായി വിമുക്തി വാർഡിൽ അഡ്മിറ്റാകുവാൻ ഞാൻ തയ്യാറാണ്. ഇതുമായി ബന്ധപ്പെട്ടുള്ള മരുന്ന് ചികിത്സ/കൗൺസിലിംഗ് എന്നിവയ്ക്ക് തയ്യാറാണ്. ഇതിലേക്കായി സ്വമേധയാ അഡ്മിറ്റാകുവാനുള്ള അപേക്ഷ സമർപ്പിക്കുന്നു.

എന്ന് .....

തീയതി .....

**Advance Directive Regarding Preference of Nominated Representative**

**അഡ്വാൻസ് ഡയറക്ടീവ്**

അഡ്മിറ്റായിരിക്കെ ലഹരി വിടുതൽ ലക്ഷണങ്ങളുടെ തീവ്രത കാരണം സ്വയം ചികിത്സാ തീരുമാനങ്ങളെടുക്കാൻ വയ്യാത്ത സാഹചര്യമുണ്ടായാൽ, താഴെ പറയുന്ന വ്യക്തികളെ (ക്രമാനുസരണം) എന്റെ നിർദ്ദിഷ്ട പ്രതിനിധിയായി ചികിത്സാ തീരുമാനങ്ങളെടുക്കാൻ ഞാൻ നിയമിക്കുന്നു.

1.

2.

നിർദ്ദിഷ്ട പ്രതിനിധിയായി ഉത്തരവാദിത്വം ഏറ്റെടുത്ത് മെന്റൽ ഹെൽത്ത് ആക്ട്-2017 പ്രകാരം എന്നിൽ ഏൽപ്പിച്ച ചുമതലകൾ നിർവ്വഹിച്ചുകൊള്ളാം എന്ന് സമ്മതം നൽകുന്നു.

1. പേര് ..... ഒപ്പ് .....

2. പേര് ..... ഒപ്പ് .....

Form – E

**പ്രതിനിധി സഹായത്തോടുകൂടി അഡ്മിറ്റാവുന്നതിനുള്ള അപേക്ഷ**

- ..... എന്ന വ്യക്തിയുടെ നിർദ്ദിഷ്ട പ്രതിനിധിയായ ഞാൻ ..... വ്യക്തിയെ ഇവിടെ അഡ്മിറ്റാകുന്നതിന് വേണ്ടി അപേക്ഷ സമർപ്പിക്കുന്നു.
- ലഹരി വിടുതൽ ലക്ഷണങ്ങൾ തീവ്രമായ സാഹചര്യത്തിൽ മരുന്ന് ചികിത്സകൾ ചെയ്യുന്നതിനുള്ള സമ്മതം നൽകുന്നു.

പേര് ..... ഒപ്പ് .....

Name :

I.P. No. :

**HISTORY**  
(Documented by M.O. in-charge)

**Subjective Report** (Chief Compliants, Presenting history)

**Objective Findings** (Past history, Current MSE, Relevant physical examination findings)

Name :

I.P. No. :

## HISTORY

### Assessment :

Goal of treatment :  Complete Abstinence  Conditional Abstinence  Controlled use

Risk Assessment :  Low  Intermediate  High

### Diagnosis at first Assessment :

### Plan of Management :

Name :

I.P. No. :

## RESIDENT REPORT

(4P Biopsychosocial matrix, Relapse prevention model, functional analysis,  
case formulation and other assessments)

Name :

Age :

I.P. No. :

**RESIDENT REPORT**

Name :

Age :

I.P. No. :

## RESIDENT REPORT

Name :

Age :

I.P. No. :

**RESIDENT REPORT**



Name :

Age :

I.P. No. :

## CLINICAL PSYCHOLOGY - INTAKE NOTES

**Description :**

**Assessment :**

**Plan :**

Name :

Age :

I.P. No. :

## CLINICAL PSYCHOLOGY - THERAPY PROGRESS NOTE

Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Date :

Session No. :

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Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Name :

Age :

I.P. No. :

## CLINICAL PSYCHOLOGY - THERAPY PROGRESS NOTE

Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

---

Name :

Age :

I.P. No. :

## PSYCHIATRIC SOCIAL WORK – INTAKE NOTE

**Description :**

**Assessment :**

**Plan :**

Name :

Age :

I.P. No. :

## PSYCHIATRIC SOCIAL WORK – THERAPY PROGRESS NOTES

Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

---

Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

---

Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

---

Name :

Age :

I.P. No. :

## PSYCHIATRIC SOCIAL WORK – NOTES

Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Date :

Session No. :

Participants :

Method of therapy :  Individual

Group

Couple/Family

Issue/theme discussed :

Therapeutic approach used :

Techniques :

Treatment modality (MET, CBT) :

Observations/Reflections/Progress :

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Name :

Age :

I.P. No. :

### MEDICATION CHART

ALLERGIES :
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### SINGLE / STAT MEDICATION

Date	Drug	Dose	Time	Route	Ordered by	Given by	Remarks

### SINGLE / STAT MEDICATION

Date	Time	Intravenous Fluid	Volume	Drug Added & Dose	Drop/ml	Doctor's Name	Nurse Name	Time Ended

Name :

Age :

I.P. No. :

### MEDICINE CHART

Name of Medicine							



Name :

Age :

I.P. No. :

### MEDICINE CHART

Name of Medicine							

Name :

Age :

I.P. No. :

### MEDICINE CHART

Name of Medicine							

Name :

Age :

I.P. No. :

### MEDICINE CHART

Name of Medicine							

## NURSING OFFICER'S RECORD

Name :

Age :

I.P. No. :

Date	Hour	Medicine	Treatment & Remarks

## NURSING OFFICER'S RECORD

Name :

Age :

I.P. No. :

Date	Hour	Medicine	Treatment & Remarks

## NURSING OFFICER'S RECORD

Name :

Age :

I.P. No. :

Date	Hour	Medicine	Treatment & Remarks

## NURSING OFFICER'S RECORD

Name :

Age :

I.P. No. :

Date	Hour	Medicine	Treatment & Remarks

## CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT OF ALCOHOL SCALE (CIWA-Ar)

<b>Assessment Protocol</b> (a) Vitals, Assessment Now (b) If initial score > 10 repeat q1h×8 hrs., then if stable q2h×8hrs., then if stable q4h. (c) If initial score < 10, assess q4h×72 hrs. If score <10 for 72 hrs., d/c assessment. If score > 10 at any time, go to (b) above. (d) If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.	Date																		
	Time																		
	Pulse																		
	RR/Temp.																		
	O <sub>2</sub> Sat.																		
	BP																		
<b>Assess and rate each of the following (CIWA-Ar Scale) :</b>																			
<b>Nausea/Vomiting (0 - 7)</b> 0 - none; 1 - mild nausea, no vomiting; 4 - intermittent nausea; 7 - constant nausea, frequent dry heaves & vomiting.																			
<b>Tremors (0 - 7)</b> 0 - no tremor; 1 - not visible but can be felt; 4 - moderate w/s arms extended; 7 - severe, even w/s arms not extended																			
<b>Anxiety (0 - 7)</b> 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; 7 - equivalent to acute panic state.																			
<b>Agitation (0 - 7)</b> 0 - normal activity; 1 - some what normal activity; 4 - moderately fidgety/restless; 7 - paces or constantly thrashes about																			
<b>Paroxysmal Sweats (0 - 7)</b> 0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweat.																			
<b>Orientation (0 - 4)</b> 0 - oriented; 1 - uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person.																			
<b>Tactile Disturbances (0 - 7)</b> 0 - none; 1 - very mild itch, P&N, numbness; 2 - mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning, numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations																			
<b>Auditory Disturbances (0 - 7)</b> 0 - not present; 1 - very mild harshness/ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations.																			
<b>Visual Disturbances (0 - 7)</b> 0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations.																			
<b>Headache (0 - 7)</b> 0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe																			
<b>Total CIWA - Ar score:</b>																			
PRN Med: (circle one) Diazepam    Lorazepam	<b>Dose given (mg):</b>																		
	<b>Route:</b>																		
Time of PRN medication administration:																			
Assessment of response (CIWA-Ar score 30 - 60 minutes after medication administered)																			
RN Initials																			



## CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT OF ALCOHOL SCALE (CIWA-Ar)

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<b>Total CIWA - Ar score:</b>																			
PRN Med: (circle one) Diazepam    Lorazepam	<b>Dose given (mg):</b>																		
	<b>Route:</b>																		
Time of PRN medication administration:																			
Assessment of response (CIWA-Ar score 30 - 60 minutes after medication administered)																			
RN Initials																			

## CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT OF ALCOHOL SCALE (CIWA-Ar)

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PRN Med: (circle one) Diazepam    Lorazepam	<b>Dose given (mg):</b>																		
	<b>Route:</b>																		
Time of PRN medication administration:																			
Assessment of response (CIWA-Ar score 30 - 60 minutes after medication administered)																			
RN Initials																			

HEALTH SERVICE DEPARTMENT, KERALA  
GOVT. MEDICAL COLLEGE HOSPITAL, IDUKKI

**DISCHARGE SUMMARY**

Head of Service Department of Psychiatry	Department/Specialty Vimukthi Deaddiction Ward	Head of Institution
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Name of Patient : ..... Age : ..... Sex : Male / Female

Address :

IP No. ....

Date of Admission ...../...../20.....

Date of Discharge ...../...../20.....

Mode of Admission :  Independent  Supported

Final Diagnosis (ICD 11) :	(Psychosocial)
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Brief history and clinical notes :	
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Treatment :	
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Advice on Discharge :	
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(Follow-up Advice/Appointment .....)

Signature :

Name :

Designation of Medical Officer in-charge :

Please Contact : ☎ 6238600252  
(8.00 AM – 8.00 PM)



HEALTH SERVICE DEPARTMENT, KERALA  
GOVT. MEDICAL COLLEGE HOSPITAL, IDUKKI

**DISCHARGE SUMMARY**

Head of Service Department of Psychiatry	Department/Specialty Vimukthi Deaddiction Ward	Head of Institution
---	---	---------------------

Name of Patient : ..... Age : ..... Sex : Male / Female

Address :

IP No. ....

Date of Admission ...../...../20.....

Date of Discharge ...../...../20.....

Mode of Admission :  Independent  Supported

Final Diagnosis (ICD 11) :	(Psychosocial)
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Brief history and clinical notes :	
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Treatment :	
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Advice on Discharge :	
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(Follow-up Advice/Appointment .....)

Signature :

Name :

Designation of Medical Officer in-charge :

Please Contact : ☎ 6238600252  
(8.00 AM – 8.00 PM)

**DISCHARGE PLANNING NOTES**

Form – G

**ഡിസ്ചാർജിനുള്ള അപേക്ഷ**

ആരോഗ്യസ്ഥിതി ഭേദമായിട്ടുള്ളതിനാൽ ഡിസ്ചാർജിനുള്ള അപേക്ഷ സമർപ്പിക്കുന്നു.

എന്ന് .....

തീയതി .....

Name :

Age :

I.P. No. :

## INVESTIGATIONS

Name :

Age :

I.P. No. :

**DIET SHEET**

IP No. :

Ward :

Name & Address :

D.O.A. :

D.O.D. :

Diagnosis :

Age :

Sex :

Religion :

Occupation :

Monthly Income :

Date	Diet	Sign. of M.O.
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2		
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