State of Illinois - Department of Human Services

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