

CAPITAL COMMUNITY COLLEGE PARAMEDIC PROGRAM



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
PSYCHIATRIC EVALUATION FORM

Student Name: _____ Date _____

Preceptor Name/Signature: _____

	EXCELLENT	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY	N/A
Interacts with patient(s) in an appropriate and effective manner.					
Identifies verbal and non-verbal behavior patterns of patient					
Obtains pertinent and accurate data through observations, interactions and communications with patients / families.					
Demonstrates ability to assess physical and psychological status through mental exam					
Identifies possible underlying medical problems related to patients with psychiatric impairment (i.e. ETOH / substance abuse)					
Identifies / discusses psychiatric disorders and demonstrates appropriate patient interactions					
Respects privacy of patients and family. Approaches patient in non-judgmental manner while setting priorities.					
Ability to communicate in appropriate and efficient manner with patients and family					
Ability to interact efficiently, courteously, and professionally with staff					
Ability to assume responsibility and maintains personal appearance					

Comments/Medications given: