

**ONLINE-ONLY SUPPLEMENTAL MATERIAL**

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES, BANGALORE.  
FORENSIC PSYCHIATRY WORKUP PROFORMA**

Name.....

P/No.....

Date.....

Time.....

Place of Examination:

Accompanying Persons:

Information: Reliable/adequate

Name of the Patient with alias:

Sex:

Male/Female/Third gender

Age:

.....

Marital status:

.....

Education:

.....

Occupation:

.....

Father Name:

.....

Mother Name:

.....

Residential address with mobile number:

**Identification Marks:**

a)

b)

**Referring authority:**

1) Magistrate 2) Prison Superintendent 3) Medical officer 4) Others (specify)

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**Reason for referral:**

1) For certificate 2) Treatment 3) Fitness to stand trial 4) Fitness for job 5) Testamentary capacity 6) Any other

**Accompanying letters** (Referral letter details with date):

1)

2)

3)

4)

**Legal status:**

- 1) UTP No:
- 2) CTP No:
- 3) Reception Order No:
- 4) On Bail:
- 5) Disciplinary action (suspended/dismissed)
- 6) any others

**Duration of stay in prison /Police Station:**

**Charges against the patient / Information regarding the conflict with law** (if possible include IPC sections if patient is from prison):

**Behavioural Observation report from the referring authority:**

- a) Provided
- b) Not provided

(If present please summarize here)

**Chief complaints as per the referring authority or accompanying person:**

**Chief complaints as per the patient:**

**Circumstances around the incident or conflict with law or alleged crime:** (Please collect information one week prior and one week after the alleged crime or in conflict with law)

**History of Presenting Illness:** (Please specify the sources of information)

**Past history of Medical/psychiatric illness and Treatment history:** (Please specify the sources of information)

**Family history:** (Please do three generation pedigree charting with names of each family members, age, occupation and illness) Please do the pedigree charting as per the persons with mental illness provided information

**Personal history:** (Please collect information on substance use /high-risk behaviour)

**Premorbid personality:** (Ask the person to describe himself if no informant is available)

**Mental Status Examination and Cognitive Function:**

## Medical Examination

### General Physical Examination

Pulse		Pallor	
Blood Pressure	Supine	Icterus	
	Standing	Cyanosis	
Temperature		Clubbing	
Respiratory Rate		Lymphadenopathy	
Pupils		Oedema	
Height		Oral Examination	
Weight		Fundus	
Body Mass Index			

### Systemic Examination

Cardio Vascular System			
Heart Rate		Heart Sounds	
Murmurs			

#### Other Positive Findings (If Any):

Respiratory System			
Air Entry		Adventitious Sounds	
Breath Sounds			

#### Other Positive Findings (If Any):

Per Abdomen			
Inspection		Organomegaly	
Palpation			

#### Other Positive Findings (If Any):

### Genito Urinary System -

### Musculoskeletal System -

### Nervous System

- A. Level of Consciousness Rate: Alert \_\_\_ Lethargic \_\_\_ Stupor \_\_\_\_\_ Coma \_\_\_\_\_  
 B. Handedness

- C. Speech
- D. Posture
- E. Gait
- F. Involuntary movements
- G. Skull and Spine
- H. Extra Pyramidal Side Effects
- I. Meningeal Signs -
- J. MMSE /HMSE Score -

Nervous System		Right	Left
Cranial Nerve			
Motor System	Bulk		
	Power		
	Tone		
Reflexes	Biceps		
	Triceps		
	Supinator		
	Knee		
	Ankle		
	Corneal		
Sensory System	Pain		
	Touch		
	Temperature		
	Pressure		
	Position		
Cerebellar System	Finger Nose test		
	Dysdiadochokinesia		
	Tandem Walking		
	Rombergs		
	Stereognosis		

**Injury Marks - (Please draw anatomical position diagram of human and mark injury marks):**

**Mental Status Examination / Mini-Mental Status Examination / Kirby Proforma:**

**Cognitive Function:**

**Judgement**

**Insight:**

**Formulation:**

**Provisional Diagnosis:**

**Plan of management:**

- I. Investigation planned
  - a)Haemogram
  - b)Renal Function Test
  - c)Liver Function Test
  - d)Serum Electrolyte
  - e)Thyroid Function Test
  - f)Fasting Blood Sugar
  - g)Fasting Lipid Profile
  - h)HIV/VDRL/ HbS Ag (case to case basis)
  - i)Urine for drug screening (case to case basis)
  - j)Imaging(case to case basis).
  
- II. Psychological Assessment
  - a. Serial Mental Status Examination
  - b. Ward Observation
  - c. Psychological testing
    - Intelligence Quotient testing(case to case basis)
    - Personality assessment (case to case basis)
  - d. Any other please mention.

**Requesting for more information (letters to be dispatched):**

- a. FIR from the police station
- b. Letter to the Court / The Prison
- c. Family members to provide history and to plan for management
- d. Referral to legal aid clinic
- e. Any other letters:

**Signature of the Junior Doctor:**

**Date:**

**Doctor Name:**

**Consultant / Senior Resident's Notes**

**Time.....**

**Signature of the Consultant /Senior Resident:**

**Date:**

**Doctor Name:**