Sultanate of Oman
Oman Medical Specialty Board

سلطنة عُمان
المجلس العُماني للاختصاصات الطبية

Assessment Form

Date:

Name:	Age:	Married/single/widowed
Residency Program:		
Year started at OMSB:		Year of Residency:
Sponsorship:		Dependents:
Housing and who lives with:		
Self-Referral/ Referred by		

Presenting Complaint:

History of Presenting Complaint:

History of Residency:

I. **Exams:**
   - **Attempted**
   - **Passed**
   - **Studying**

II. **Future plans/career goals:**

History of University:

Work History:

Current Life Stressors:

1.
2.

Current Supports:

1.
2.

Current lifestyle interventions

a) **Exercise?**

b) **Diet?**

c) **Other?**

Current Health Issues (Physical & Mental Health)

1.
2.

Current Social Issues

Current Concerns Related to Residency Training

Medical History

a. **Past Medical / Psychiatric History**

b. **Family Medical / Psychiatric History**

c. **Current Medications**

d. **Substance Use**

eg Caffeine/alcohol/Nicotine/Illicit substances/prescription medication misuse

Developmental History:

a. **Childhood**

I. Birth

II. Friendships

III. Siblings

b. **Schooling**

I. Academic

II. Social

c. **Relationships**

Systemic Inquiry:

a) Mood
b) Suicidal/Homicidal Thoughts
c) Irritability
d) Concentration
e) Memory
f) Energy Level
g) Sleep pattern
h) Appetite
i) Weight
j) Behavioral Change
k) Social Withdrawal
l) Feelings about "Self"
m) Tearfulness
n) Feeling overwhelmed
o) Panic Attacks
p) Psychotic Symptoms

Mental State Examination:

Assessment and Diagnosis:

Management Plan: