

Entered: \_\_\_ / \_\_\_ / \_\_\_

Initials: \_\_\_\_\_

Patient ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Verified: \_\_\_ / \_\_\_ / \_\_\_

Initials: \_\_\_\_\_

For office use only.

Date \_\_\_ / \_\_\_ / \_\_\_

Visit (LiMRS week #) \_\_\_\_\_

**Mood Chart**

TREATMENTS (Enter number of tablets taken each day)						Month / Yr _____ / _____	Daily Notes	0=none 1=mild 2=moderate 3=severe	Irritability	Anxiety	Hours Slept Last Night	Depressed			MOOD NOT DEFINITELY ELEVATED OR DEPRESSED. NO SYMPTOMS  Circle date to indicate Menses	Elevated			Psychotic Sxs Strange ideas Hallucinations	Wake-up Time	Bed Time	
Neuroleptic mg	Antidepressant mg	Anticonvulsant mg	Benzodiazepine mg	Lithium mg	Verbal Therapy							Severe Significant Impairment NOT ABLE TO WORK	Mod. Significant Impairment ABLE TO WORK	Mild Without Significant Impairment		Mild Without Significant Impairment	Mod. Significant Impairment ABLE TO WORK	Severe Significant Impairment NOT ABLE TO WORK				