Psychiatric Consultation Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

A psychiatric consultation note records a psychiatrist's or psychiatric nurse practitioner's opinion on another provider's patient: the consult question, a focused history, mental status findings, an impression that answers the question, and numbered recommendations back to the referrer. Consultants write one after each referred evaluation in outpatient, primary care, and specialty settings.

Referral source & request who asked, how, and when
Do: record the consult date, the referring provider with contact details, and how and when the request arrived.
Pitfall: a consult with no visible request; reviewers verify the referral before the clinical content, and without it consult claims do not pay.

Consult question one sentence, in the referrer's terms
Do: state it in one sentence, in the referrer's terms; if the referral was vague, clarify it and record the sharpened version.
Pitfall: copying "please evaluate" forward as the question; a mushy question guarantees a mushy answer.

Focused history only what bears on the question
Do: cover the presenting problem and each medication trial with agent, dose, duration, response, and adherence evidence.
Pitfall: reproducing a full intake; a consult that reads like a diagnostic evaluation buries the answer and slows the referrer down.

Mental status examination weight the domains the question implicates
Do: record findings weighted to the question: cognition for a capacity question, mood and neurovegetative signs for depression.
Pitfall: an all-normal templated MSE; a PHQ-9 of 16 next to "euthymic mood, full affect" reads as cloned text to any reviewer.

Risk assessment the specialist's word on risk
Do: address suicide, self-harm, and violence risk in every consult, stated either way and dated to the encounter.
Pitfall: silence; leaving risk out hands the ambiguity back to a clinician less equipped to resolve it.

Impression answer what was asked, first
Do: open with a sentence that answers the consult question directly, then the diagnoses; add the capacity comment when asked.
Pitfall: listing DSM labels without answering the referrer; the most common structural failure in consult reviews.

Recommendations & communication back the reply is the consultation
Do: number steps the referrer can execute: agent, dose, titration, monitoring, the re-referral trigger; date the report you send.
Pitfall: no transmission line; in Ontario and Australia the written report back to the referrer is a payment condition.

Before you sign

- [ ] Consult question quoted at the top, answered in the impression's first sentence
- [ ] Request documented: who referred, when, and how it arrived
- [ ] History proportionate: each med trial with agent, dose, duration, response, adherence
- [ ] Risk addressed either way, even when the presentation is routine
- [ ] Recommendations numbered with agent, dose, monitoring, and the re-referral trigger
- [ ] Transmission line dated: report sent, care assumed or returned

Drafting with AI

Give it the referral letter, the chart excerpts that matter, and your dictated findings; it drafts the question-first note and the reply to the referrer.

> *"Draft a psychiatric consultation note from this referral: two adequate SSRI trials for depression, question is whether to switch class and keep care in primary care; findings and recommendations: …"*

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

250 to 800 words	20 to 40 min by hand	After each referred evaluation	Referrer · care team · payers
typical length	clinical team estimate	when it's written	who reads it

Full guide, sample note, and compliance notes:
bastiongpt.com/template/psychiatric-consultation-note

Psychiatric Consultation Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Patient (initials): DOB: Date of consult:

Referring provider (name, contact): Request received (date / route):

Consult question

One sentence, in the referrer's terms · the impression's first sentence must answer it

Focused history

HPI · psychiatric history · medication trials (agent, dose, duration, response, adherence) · medical history and labs · substance use · social context

Mental status examination

Appearance / behavior · speech · mood / affect · thought process / content · perception · cognition · insight / judgment

Risk assessment

Suicide, self-harm, violence · state it either way, dated to the encounter

Impression

First sentence answers the consult question · diagnoses · capacity comment when that was the ask

Recommendations (numbered)

Executable by the referrer: agent, dose, titration, monitoring · who does what · re-referral trigger

Communication & disposition

Report to referrer (date / route) · role: one-time opinion / follow-up planned / care assumed

Consultant signature / credentials: Date signed: