**Psychiatry H&P #1**  **Date of Encounter:**

 **Patient CPI:**

**Strengths**:

**Areas to Improve**:

**Faculty Evaluator’s Signature and Pager#:**

**Psychiatry H&P #2**  **Date of Encounter:**

 **Patient CPI:**

**Strengths**:

**Areas to Improve**:

**Faculty Evaluator’s Signature and Pager#:**