

42 C.F.R. § 482.61

Condition of participation: Special medical record requirements for psychiatric hospitals.

The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.

- (a) Standard: Development of assessment/diagnostic data. Medical records must stress the psychiatric components of the record, including history of findings and treatment provided for the psychiatric condition for which the patient is hospitalized.
- (1) The identification data must include the patient's legal status.
- (2) A provisional or admitting diagnosis must be made on every patient at the time of admission, and must include the diagnoses of intercurrent diseases as well as the psychiatric diagnoses.
- (3) The reasons for admission must be clearly documented as stated by the patient and/or others significantly involved.
- (4) The social service records, including reports of interviews with patients, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.
- (5) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.
- (b) Standard: Psychiatric evaluation. Each patient must receive a psychiatric evaluation that must—

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