

# Complaints

## Patient Log: Psych

Student Name:

Patient identifier	Location/date of contact	Cause of complaint	Appropriate H/P observed by preceptor? YES or NO	Appropriate Rx discussed w/ preceptor? YES or NO	Preceptor Comments	Preceptor sign off

**Goal: Patient contacts must be a variety of psychiatric conditions. Intermediate (6) Paramedic (4)**