

Mental Health Assessment Form

Patient Information				
First Name	Last Name	Patient ID	Ethnicity	
Patient Skills/Strengths				
Presenting Problems				
Presenting Mental Health Problem(s)				
History of Presenting Problem(s)				
Current Symptoms				
Goals for Treatment				
Medical History				
Current Medications				
Medication Name	Dose	Frequency	Indication	Note
Medical History				

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Medical History (Continued)			
Family History			
Developmental History (If Applicable)			
Psychological History			
Personal History			
Family History			
Psychosocial History			
Education/Vocation			
Social Relationships			
Living Situation			
Developmental History			
Childhood/Adolescence			
Cultural Factors			

Patient Information					
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Substance Abuse History					
Substance	Age of First Use	Frequency	Date of Last Use	Note	
Risk Screening					
Select all that applies ☐ Suicide/Self-harm ☐ Neglect/Abuse ☐ Substance abuse ☐ Cognitive Impairment ☐ Absconding risk (if inpatient) ☐ Substance use ☐ Risk to dependent children (if applicable) ☐ Forensic and legal history ☐ Cultural isolation ☐ Homelessness ☐ Other:					
If any of the above is selected, please elaborate					
Mental Status Examination					
Observations					
Appearance	☐ Neat	☐ Disheveled	☐ Inappropriate	☐ Bizarre	☐ Other:
Speech	☐ Normal	☐ Tangential	☐ Pressured	☐ Impoverished	☐ Other:
Eye Contact	☐ Normal	☐ Intense	☐ Avoidant	☐ Other:	
Motor Activity	☐ Normal	☐ Restless	☐ Tics	☐ Slowed	☐ Other:
Affect	☐ Full	☐ Constricted	☐ Flat	☐ Labile	☐ Other:
Comments:					
Mood					
☐ Euthymic ☐ Anxious ☐ Angry ☐ Depressed ☐ Euphoric ☐ Irritable ☐ Other:					
Comments:					
Cognition					
Orientation Impairment	☐ None	☐ Place	☐ Object	☐ Person	☐ Time
Memory Impairment	☐ None	☐ Short-term	☐ Long-term	☐ Other:	
Attention	☐ Normal	☐ Distracted	☐ Other:		
Comments:					

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Mental Status Examination (Continued)			
Perception			
Hallucinations	☐ None	☐ Auditory	☐ Visual ☐ Other:
Other	☐ None	☐ Derealization	☐ Depersonalization
Comments:			
Thoughts			
Suicidality	☐ None	☐ Ideation	☐ Plan ☐ Intent ☐ Self-harm
Homicidality	☐ None	☐ Aggressive	☐ Intent ☐ Plan
Delusions	☐ None	☐ Grandiose	☐ Paranoid ☐ Religious ☐ Other:
Comments:			
Behavior			
☐ Cooperative ☐ Guarded ☐ Hyperactive ☐ Agitated ☐ Paranoid ☐ Stereotyped ☐ Aggressive ☐ Bizarre ☐ Withdrawn ☐ Other:			
Comments:			
Insight		Comments:	
☐ Good ☐ Fair ☐ Poor			
Judgment		Comments:	
☐ Good ☐ Fair ☐ Poor			
Physical Examination Results			

Patient Information			
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Assessment Summary			
Plan/Notes			
Clinician Name	Clinician Designation	Clinician Signature	Date