## **Mental Health Assessment Form**

Patient Information								
First Name	Last Name		Patient ID		Ethnicity			
Dationt Chille/Chromatha								
Patient Skills/Strengths								
	Presenting Problems							
Presenting Mental Health	n Problem(s)							
History of Presenting Pro	blem(s)							
Current Symptoms								
		Goals fo	or Treatment					
Medical History								
O		Medic	al History					
Current Medications	_	_						
Medication Name	Dose	Frequency	Indication		Note			
Medical History								

Patient information							
First Name	Last Name		Patient ID	Ethnicity			
	Me	dical History	(Continued)				
Family History							
Developmental History (If Appl	icable)						
		Psychologica	al History				
Personal History							
Family History							
T arring Fristory							
		Psychosocia	al History				
Education/Vocation							
Social Relationships							
Living Cityotion							
Living Situation							
Developmental History							
Childhood/Adolescence							
Cultural Factors							

Patient Information									
First Name	Last	Name			Patient ID		E	thnicity	
				A 1	111				
Substance Abuse History									
Substance	Age of First Use			Frequency		Date of Last Use Note			
			Diale (	0					
			HISK 3	<u>Scre</u>	ening				
Select all that applies									
☐ Suicide/Self-harm			☐ Neglect	t/Abus	se			☐ Substance abuse	
☐ Cognitive Impairment			☐ Abscon	iding r	risk (if inpatier	nt)		☐ Substance use	
☐ Risk to dependent chi	ldren (if app	licable)	☐ Forensi	ic and	l legal history			☐ Cultural isolation	
☐ Homelessness			☐ Other:						
If any of the above is sel	ected, pleas	e elabo	rate						
Mental Status Examination									
Observations		ivie	ntai Stat	us E	<u> </u>	on			
Observations Appearance	□ Neat						arre	□ Other:	
Appearance	□ Neat	□ Di	sheveled	☐ In	appropriate	Biz		☐ Other:	
	☐ Neat ☐ Normal	□ Di		□ In		Biz	overished		
Appearance Speech	□ Normal	□ Di	sheveled	□ In	nappropriate ressured voidant	☐ Biz	overished er:		
Appearance Speech Eye Contact	☐ Normal	□ Di □ Ta □ Ini □ Re	sheveled angential tense	☐ In	ressured voidant	☐ Biz	ooverished er: wed	Other:	
Appearance Speech Eye Contact Motor Activity	□ Normal □ Normal □ Normal	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless	☐ In☐ Pi☐ Av	ressured voidant	☐ Biz☐ Imp☐ Oth☐ Slo	ooverished er: wed	Other:	
Appearance Speech Eye Contact Motor Activity Affect	□ Normal □ Normal □ Normal	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless	☐ In☐ Pi☐ Av	ressured voidant	☐ Biz☐ Imp☐ Oth☐ Slo	ooverished er: wed	Other:	
Appearance Speech Eye Contact Motor Activity Affect	□ Normal □ Normal □ Normal	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless	☐ In☐ Pi☐ Av	ressured voidant	☐ Biz☐ Imp☐ Oth☐ Slo	ooverished er: wed	Other:	
Appearance Speech Eye Contact Motor Activity Affect	□ Normal □ Normal □ Normal	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless	☐ In☐ Pi☐ Av	ressured voidant	☐ Biz☐ Imp☐ Oth☐ Slo	ooverished er: wed	Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:	□ Normal □ Normal □ Normal □ Full	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless	In	nappropriate ressured voidant ics lat	☐ Biz☐ Imp☐ Oth☐ Slo	overished ner: wed oile	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:	□ Normal □ Normal □ Normal □ Full	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless onstricted	In	nappropriate ressured voidant ics lat	☐ Biz☐ Imp☐ Oth☐ Slo	overished ner: wed oile	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:	□ Normal □ Normal □ Normal □ Full	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless onstricted	In	nappropriate ressured voidant ics lat	☐ Biz☐ Imp☐ Oth☐ Slo	overished ner: wed oile	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:	□ Normal □ Normal □ Normal □ Full	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless onstricted	In	nappropriate ressured voidant ics lat	☐ Biz☐ Imp☐ Oth☐ Slo	overished ner: wed oile	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:	□ Normal □ Normal □ Normal □ Full	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless onstricted	In	nappropriate ressured voidant ics lat	☐ Biz☐ Imp☐ Oth☐ Slo	overished ner: wed oile	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:  Mood □ Euthymic □ Anxiou Comments:	□ Normal □ Normal □ Normal □ Full	□ Di □ Ta □ Ini □ Re	sheveled angential tense estless constricted	In	nappropriate ressured voidant ics lat	☐ Biz☐ Imp☐ Oth☐ Slo	overished ner: wed oile	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:  Mood □ Euthymic □ Anxiou Comments:	□ Normal □ Normal □ Normal □ Full	Di Ta Ini Re	sheveled angential tense estless constricted	In	nappropriate ressured voidant ics lat	☐ Biz☐ Imp	e Othe	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:  Mood □ Euthymic □ Anxiou Comments:  Cognition Orientation Impairment	□ Normal □ Normal □ Normal □ Full  s □ Angi	Di Ta Ini Re Co	sheveled angential tense estless constricted	In   Pi   Av   Ti   Fi   Ti   Fi   Ti   Ti   Ti   Ti	eappropriate ressured voidant ics lat  Euphoric	☐ Biz☐ Imp ☐ Oth☐ Slo ☐ Lab	e Othe	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:  Mood □ Euthymic □ Anxiou Comments:  Cognition Orientation Impairment Memory Impairment	Normal Normal Normal Normal	Di Ta Ini Re Co	sheveled angential tense estless constricted  Depressed  ace	In   Pi   Av   Ti   Fi   Ti   Fi   Ti   Ti   Ti   Ti	eappropriate ressured voidant ics lat  Euphoric   bject ong-term	☐ Biz☐ Imp ☐ Oth☐ Slo ☐ Lab	e Othe	Other: Other: Other:	
Appearance Speech Eye Contact Motor Activity Affect Comments:  Mood □ Euthymic □ Anxiou Comments:  Cognition Orientation Impairment Memory Impairment Attention	Normal Normal Normal Normal	Di Ta Ini Re Co	sheveled angential tense estless constricted  Depressed  ace	In   Pi   Av   Ti   Fi   Ti   Fi   Ti   Ti   Ti   Ti	eappropriate ressured voidant ics lat  Euphoric   bject ong-term	☐ Biz☐ Imp ☐ Oth☐ Slo ☐ Lab	e Othe	Other: Other: Other:	

Patient Information							
First Name	Last Name		Patient ID		Ethnicity		
Mental Status Examination (Continued)							
Perception							
Hallucinations	] None	☐ Auditory	☐ Visual	☐ Other:			
Other	] None	☐ Derealization	☐ Depersonaliz	zation			
Comments:							
Thoughts							
Thoughts	1 Name			- Intent	□ 0 o lf lo o		
	None	☐ Ideation	□ Plan	□ Intent	☐ Self-harm		
	] None ] None	☐ Aggressive ☐ Grandiose	☐ Intent☐ Paranoid☐	☐ Plan	□ Othor:		
Comments:	, None	Grandiose	Paranoid	Religious	Other:		
Comments:							
<u>Behavior</u>							
☐ Cooperative ☐ Guarded	☐ Hyper	active   Agitate	ed 🗆 Parano	oid 🗆 Ste	reotyped  Aggressive		
☐ Bizarre ☐ Withdrav	vn 🗌 Other:	:					
Comments:							
Incidht	Comments:						
Insight							
☐ Good ☐ Fair ☐ Poor							
	Comments:						
<u>Judgment</u>	Comments:	i					
☐ Good ☐ Fair ☐ Poor							
	Phy	ysical Exami	nation Resu	lts			

Patient information								
First Name	Last Name	Patient ID E	thnicity					
Assessment Summary								
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	Plan/No	ites						
Olivinia Na	LOUISIAN DATE OF	Louisiana or	I Date					
Clinician Name	Clinician Designation	Clinician Signature	Date					
	I	I						