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

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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
☐ Cognitive Impairment
☐ Risk to dependent children (if applicable)
☐ Homelessness
☐ Neglect/Abuse
☐ Absconding risk (if inpatient)
☐ Forensic and legal history
☐ Other:
☐ Substance abuse
☐ Substance use
☐ Cultural isolation

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☐ Bizarre ☐ Withdrawn ☐ Other: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 ☐ Good ☐ Fair ☐ Poor	**Comments:**
Judgment ☐ Good ☐ Fair ☐ Poor	**Comments:**

Physical Examination Results

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Assessment Summary

Plan/Notes

Clinician Name	Clinician Designation	Clinician Signature	Date