Mental Status Exam Template

Patient Information					
First Name	Last Nam	ie	Date of Birth	Pat	ient ID
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 D Othe	er:
Comments:					
Cognition					
Orientation Impairment	□ None	Place	Object	□ Person	Time
Memory Impairment		Short-term	Long-term	Other:	
Attention			Other:		
Comments:					
Perception					
Hallucinations	□ None	Auditory	Visual	Other:	
Other	None Derealization Depending to the state of				
Comments:				liization	
Thoughts					
Suicidality	□ None	Ideation	🗆 Plan	Intent	□ Self-harm
Homicidality				Plan	
Delusions				□ Plain □ Religious	Other:
Comments:					
Bohaviar					
Behavior Cooperative Guarded Hyperactive Agitated Paranoid Stereotyped Aggressive					
Cooperative Guarded Hyperactive Agitated Paranoid Stereotyped Aggressive					
Comments:					
Insight	Commen	ts:	Judgment	Com	nments:
Good Fair Poo	or			air 🗆 Poor	
		. Desta sti			Dete
Clinician Name	Clinicia	n Designation	Clinician Sig	nature	Date

http://Carepatron.com

