**Mental** **Status** **Exam**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client** **Name** | | | | | **Date** |
| **OBSERVATIONS** | | | | | |
| Appearance | □ Neat □ Disheveled □ Inappropriate □ Bizarre □ Other | | | | |
| Speech | □ Normal □ Tangential □ Pressured □ Impoverished □ Other | | | | |
| Eye Contact | □ Normal □ Intense □ Avoidant □ Other | | | | |
| MotorActivity | □ 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: | | | | | |
| **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| □ Cooperative □ Guarded □ Hyperactive □ Agitated □ Paranoid  □ Stereotyped □ Aggressive □ Bizarre □ Withdrawn □ Other | | | | | |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**  **JUDGMENT** | |  | □ Good □ Fair □ Poor Comments: | | |
| □ Good □ Fair □ Poor Comments: | | |

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