

# 1173–Mental Status Exam

Exam date:

Staff ID:

**Appearance:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Neatly dressed | <input type="checkbox"/> Well groomed          | <input type="checkbox"/> Younger than stated age |
| <input type="checkbox"/> Disheveled     | <input type="checkbox"/> Older than stated age | <input type="checkbox"/> Poor hygiene            |
| <input type="checkbox"/> Peculiar       | <input type="checkbox"/> Careless grooming     | <input type="checkbox"/> Other:                  |

**Behavior:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Calm                           | <input type="checkbox"/> Evasive          | <input type="checkbox"/> Uncooperative    |
| <input type="checkbox"/> Threatening                    | <input type="checkbox"/> Hostile          | <input type="checkbox"/> Poor eye contact |
| <input type="checkbox"/> Responding to internal stimuli | <input type="checkbox"/> Guarded          | <input type="checkbox"/> Other:           |
| <input type="checkbox"/> Cooperative                    | <input type="checkbox"/> Agitated         |   |
|   | <input type="checkbox"/> Good eye contact |   |

**Psychomotor Activity:**

- |                                      |                                   |  |
|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Tics     | <input type="checkbox"/> Abnormal involuntary movement |
| <input type="checkbox"/> Fidgety     | <input type="checkbox"/> Retarded | <input type="checkbox"/> Other:                        |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Shaky    |  |

**Speech:**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Articulate  | <input type="checkbox"/> Pressured         | <input type="checkbox"/> Decreased latency |
| <input type="checkbox"/> Rapid       | <input type="checkbox"/> Increased latency | <input type="checkbox"/> Dysarthric        |
| <input type="checkbox"/> Loud        | <input type="checkbox"/> Normal rhythm     | <input type="checkbox"/> Low volume        |
| <input type="checkbox"/> Normal rate | <input type="checkbox"/> Slowed            | <input type="checkbox"/> Other:            |

**Mood:**


- |                                    |                                    |                                  |
|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Sad       | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Angry     | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Irritable |                                  |

**Affect:**

- |                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Full        | <input type="checkbox"/> Restricted    | <input type="checkbox"/> Blunted   |
| <input type="checkbox"/> Depressed   | <input type="checkbox"/> Noncongruent  | <input type="checkbox"/> Euphoric  |
| <input type="checkbox"/> Euthymic    | <input type="checkbox"/> Inappropriate | <input type="checkbox"/> Dysphoric |
| <input type="checkbox"/> Congruent   | <input type="checkbox"/> Elated        | <input type="checkbox"/> Flat      |
| <input type="checkbox"/> Appropriate | <input type="checkbox"/> Anxious       | <input type="checkbox"/> Labile    |
| <input type="checkbox"/> Tearful     | <input type="checkbox"/> Irritable     | <input type="checkbox"/> Other:    |

**Thought Form:**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Organized         | <input type="checkbox"/> Loose associations | <input type="checkbox"/> Blocking |
| <input type="checkbox"/> Illogical         | <input type="checkbox"/> Tangential         | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Poverty of speech | <input type="checkbox"/> Flight of ideas    |                                   |
| <input type="checkbox"/> Goal-directed     | <input type="checkbox"/> Circumstantial     |                                   |

	DHHS-Behavioral Health 720 Wood Street Eureka, CA 95501 <b>CONFIDENTIAL PATIENT INFORMATION</b> (SEE CA W&I CODE 5328, 42 CFR PART 2)	<b>Mental Status Exam</b>	Client Name	
			Client ID	
			Client DOB	

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**Thought Content:**

- Delusions  Obsessions/compulsions  Other:

**Perception:**

Hallucinations:

- None  Auditory  Visual

Type:

- Command  Derogatory  Persecutory

Description:

**Orientation:**

- Person  Situation  
 Place  Time

Description:

**Registration/Immediate Recall/Concentration:**

- Gives relevant response  Repeats digit sequence [ / ]  Other:

**Short Term Memory:**

- Able to repeat [ / ]  Objects or data at 5 to 10 minutes  Spells “world” backwards  Other:

**Long Term Memory:**

- Provides personal history (e.g. date of wedding, name of high school)  Recalls public events (e.g. presidents, world war, current news)  Other:

**Judgment:**

- Fair  Impaired  Other:  
 Good  Poor

Describe:

**Insight:**


- Fair  Impaired  Other:  
 Good  Poor

Describe:

**Intellect:** (based on vocabulary/fund of information/concepts/proverbs/similarities)

- Above average  Below average  
 Average  Dull

Comment:

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**Risk Assessment:**

Is the client suicidal:

- Access to arms
- Action

- Yes
- Ideation
- Intention

- No
- Means
- Plan/method

Is the client homicidal/violent:


- Access to arms
- Action

- Yes
- Ideation
- Intention

- No
- Means
- Plan/method

- Tarasoff letter sent.
- Tarasoff letter not sent. Reason:

Comments:

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