

Mental Status Exam

Client name:: _____ Date:: _____ dd / mm / yyyy

OBSERVATIONS

Appearance:

- Neat Disheveled Inappropriate

Speech:

- Normal Tangential Pressured

Eye Contact:

- Normal Intense Avoidant

Motor Activity:

- Normal Restless Tics

Affect:

- Full Constricted Flat

Comments:

MOOD

Select if applicable:

- Euthymic
 Anxious
 Angry
 Depressed

Comments:

COGNITION

Orientation Impairment:

- None Place Object

Memory Impairment:

- Normal Short-term Long-term

Attention:

- Normal Distracted Other

Comments:

PERCEPTION

Hallucinations:

None Auditory Visual

Other:

None Derealization Depersonalization

Comments:

THOUGHTS

Suicidality:

None Ideation Plan

Homicidality:

None Aggressive Intent

Delusions:

None Grandiose Paranoid

Comments:

BEHAVIOR

Select if applicable:

Cooperative

Guarded

Hyperactive

Agitated

Tearful

Aggressive

Bizarre

Withdrawn

Other

Comments:

INSIGHT

Select one:

Good Fair Poor

Comments:

JUDGMENT

Select one:

Good Fair Poor

Comments:

SOAP NOTE

Subjective

Objective

Assessment

Plan