# Mental Status Exam Template

## Patient Information

| First Name | Last Name | Date of Birth | Patient 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 ☐ 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☐ Bizarre ☐ Withdrawn ☐ Other: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 | Comments: | Judgment | Comments: |
|---|---|---|---|
| ☐ Good ☐ Fair ☐ Poor | | ☐ Good ☐ Fair ☐ Poor | |

| Clinician Name | Clinician Designation | Clinician Signature | Date |
|---|---|---|---|
| | | | |