

MENTAL STATUS EXAMINATION

Client Name: _____ Date: _____
Examiner: _____ Time: _____

APPEARANCE

Age: _____ Apparent Age: _____ Gender: _____ Race/Ethnicity: _____
Dress/Grooming: _____
Posture/Gait: _____
Eye Contact: _____

BEHAVIOR

Motor Activity: Normal Agitated Retarded Restless Other: _____
Cooperation: Cooperative Uncooperative Guarded Suspicious
Unusual Behaviors: _____

SPEECH

Rate: Normal Rapid Slow Volume: Normal Loud Soft
Tone: Normal Monotone Pressured Other: _____
Articulation: Clear Slurred Stuttering Other: _____

MOOD AND AFFECT

Mood: Euthymic Depressed Elevated Anxious Irritable
 Other: _____
Affect: Appropriate Inappropriate Constricted Blunted
 Flat Labile Other: _____

THOUGHT PROCESS

Goal-directed Circumstantial Tangential Flight of ideas
 Loose associations Thought blocking Perseveration
 Other: _____

THOUGHT CONTENT

Delusions: None Persecutory Grandiose Somatic Religious
 Other: _____
Obsessions/Compulsions: None Present: _____
Suicidal Ideation: None Passive Active Plan Intent
Homicidal Ideation: None Present: _____

PERCEPTION

Hallucinations: None Auditory Visual Tactile Olfactory
Description: _____

COGNITION

Orientation: Person Y N Place Y N Time Y N
Attention/Concentration: Good Fair Poor
Memory: Recent Good Fair Poor Remote Good Fair Poor
Abstract Thinking: Good Fair Poor Concrete

INSIGHT AND JUDGMENT

Insight: Good Fair Poor Absent