

## Mental Status Exam

<b>Client Name</b>		<b>Date</b>	
<b>OBSERVATIONS</b>			
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured
Eye Contact	<input type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant
Motor Activity	<input type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics
Affect	<input type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat
<input type="checkbox"/> Bizarre			
<input type="checkbox"/> Other			
Comments:			
<b>MOOD</b>			
<input type="checkbox"/> Euthymic			
<input type="checkbox"/> Anxious			
<input type="checkbox"/> Angry			
<input type="checkbox"/> Depressed			
<input type="checkbox"/> Euphoric			
<input type="checkbox"/> Irritable			
<input type="checkbox"/> Other			
Comments:			
<b>COGNITION</b>			
Orientation Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object
Memory Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term
Attention	<input type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other
<input type="checkbox"/> Person			
<input type="checkbox"/> Time			
Comments:			
<b>PERCEPTION</b>			
Hallucinations	<input type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual
Other	<input type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
<input type="checkbox"/> Other			
Comments:			
<b>THOUGHTS</b>			
Suicidality	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan
Homicidality	<input type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent
Delusions	<input type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Religious			
<input type="checkbox"/> Self-Harm			
<input type="checkbox"/> Other			
Comments:			
<b>BEHAVIOR</b>			
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Paranoid			
<input type="checkbox"/> Other			
Comments:			
<b>INSIGHT</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			
<b>JUDGMENT</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			