

Client Name: \_\_\_\_\_ Client # \_\_\_\_\_

## MENTAL STATUS EXAM

**Patient Presentation** ☐ Cooperative ☐ Uncooperative ☐ Well-Groomed ☐ Poor Hygiene **Eye Contact:** ☐ Good ☐ Poor

**Cognitive Patterns** MMSE Score: \_\_\_\_\_

**Level of Consciousness:** ☐ Alert and Awake ☐ Drowsy ☐ Sleeping or Lethargic ☐ Fluctuating

**Orientation:** ☐ Person ☐ Place ☐ Time **Short-Term Memory:** ☐ Good ☐ Impaired **Long-Term Memory:** ☐ Good ☐ Impaired

**Decision-Making Ability:** ☐ Intact ☐ Mild Difficulty ☐ Moderately Impaired ☐ Severely Impaired

**Delirium/Disordered Thinking:** ☐ Easily Distracted ☐ Altered Perceptions/Awareness of Surrounding ☐ Restlessness  
☐ Lethargy ☐ Fluctuating Levels of Consciousness ☐ No Evidence

**Cognitively able to participate in treatment:** ☐ Yes ☐ Insight Oriented ☐ Behavior management ☐

Other \_\_\_\_\_

☐ No

## Mood

**Affect:** ☐ Appropriate to Expressed Mood ☐ Inappropriate to Expressed Mood ☐ Agitated ☐ Hostile ☐ Guarded  
☐ Expansive ☐ Flat ☐ Blunted ☐ Distant ☐ Apathetic ☐ Anxious ☐ Frightened ☐ Irritable ☐ Labile ☐ Sad

**Indicators of Depression:** ☐ Depressed Mood ☐ Sleep Disturbance (☐ ↑ ; ☐ ↓) ☐ ↓ Interest ☐ ↑ Guilt ☐ ↓ Energy  
☐ ↓ Concentration ☐ Appetite/Weight Change (☐ ↑ ; ☐ ↓) ☐ Psychomotor Change ☐ Suicidality

**At-Risk Behaviors:** Suicidal: ☐ No ☐ Ideation ☐ Intent ☐ Plan Homicidal: ☐ No ☐ Ideation ☐ Intent ☐ Plan

Other \_\_\_\_\_

## Speech/Thought Processes

**Form:** ☐ WNL ☐ Goal-Directed ☐ Coherent ☐ Normal Tone ☐ Normal Rate ☐ Fast ☐ Flight of Ideas  
☐ Expressive Language Difficulties ☐ Pressured ☐ Slurred ☐ Confabulation ☐ Other: \_\_\_\_\_

**Describe Themes:** \_\_\_\_\_

**Perceptions: Hallucinations/Illusions:** ☐ No ☐ Visual ☐ Auditory ☐ Tactile

**Psychotic/Delusions:** ☐ No ☐ Grandiose ☐ Paranoid ☐ Depressive ☐ Other: \_\_\_\_\_

**Abstraction: Proverbs:** People/Glass Houses: ☐ Abstract Response ☐ Concrete Response ☐ Other: \_\_\_\_\_

**Similarities:** Orange-Banana: ☐ Abstract Response ☐ Concrete Response ☐ Other: \_\_\_\_\_

Is English the client's first language? ☐ Yes ☐ No ☐ Other: \_\_\_\_\_

**Judgment:** "What would you do if you found a stamped postcard addressed to someone in California?"

☐ Appropriate Response ☐ Inappropriate Response ☐ Other: \_\_\_\_\_ ☐ No Response

**Insight:** (Degree of Awareness of Problems): \_\_\_\_\_

## BEHAVIORAL PATTERNS (Describe)

☐ Verbally Abusive ☐ Physically Abusive ☐ Inappropriate/Disruptive ☐ Endangering behavior (Self or Others)

☐ Noisy/Distressed ☐ High-Risk Behaviors (Smoking, Nicotine, Caffeine etc.) ☐ Other: \_\_\_\_\_

**Client's Strengths and Weaknesses:** \_\_\_\_\_

\_\_\_\_\_