
Mental Status Exam Form PDF

Patient Information:

- Name: _____
- Date of Birth: _____
- Date of Examination: _____
- Examiner: _____

Appearance:

- Well-groomed
- Disheveled
- Unusual attire
- Other: _____

Behavior:

- Cooperative
- Agitated
- Withdrawn
- Other: _____

Speech:

- Normal rate/tone
- Pressured
- Slow
- Other: _____

Mood and Affect:

- Mood (patient's description): _____
- Affect (clinician's observation):
 - Congruent with mood
 - Flat
 - Labile
 - Other: _____

Thought Process:

- Logical
- Goal-directed
- Loose associations
- Tangential
- Other: _____

Thought Content:

- No delusions
- Ideas of reference
- Suicidal ideation
- Homicidal ideation
- Other: _____

Perceptions:

- No hallucinations
- Auditory
- Visual
- Olfactory
- Other: _____

Cognitive Function:

- Orientation: Time Place Person
- Attention & Concentration: _____
- Memory: Short-term Long-term
- Abstract Thinking: Adequate Impaired
- Insight: Good Fair Poor
- Judgment: Good Fair Poor

Signature of Examiner: _____