Free Mental Status Exam Template

I. Patient Demographics

Patient Name: _____

DOB: _____

Examination Date: _____

Evaluator Name: _____

II. Observational Assessment

- **Appearance (check all that apply):**
  - Neat
  - Inappropriate for season/weather
  - Neglected hygiene
  - Additional Notes: _____
- **Behavior:**
  - Calm
  - Restless
  - Resistant
  - Additional Notes: _____

III. Communication

- **Speech Pattern:**
  - Clear
  - Slurred
  - Rapid
  - Mute
  - Additional Notes: _____
- **Language Comprehension:**

- Understands and follows conversation
- Difficulty finding words
- Repeats phrases or questions
- Additional Notes: _____

IV. Mood & Affect

- Self-Reported Mood: _____
- **Observed Affect (check one):**
  - Consistent with reported mood
  - Incongruent with mood
  - Restricted affect
  - Blunted affect

V. Thought Patterns

- Organized
- Disorganized
- Paranoid Delusions
- Magical thinking
- Additional Notes: _____

VI. Cognitive Assessment

- **Oriented to (check all that apply):**
  - Time
  - Place
  - Person
- **Memory (Immediate, Short-Term, Long-Term): _____**
- **Calculation Skills: _____**
- **Executive Functions: _____**

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VII. Insight and Judgment

- Insight into condition
- Judgment in hypothetical situations

Examiner's Comments: _____

Examiner's Signature: _____

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