Mental Health Assessment Form Example

Patient Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Address:** _____
- **Contact Number:** _____
- **Date:** _____

Mood and Behavior

Symptoms	Often	Sometimes	Rarely	Never
Feeling anxious or nervous	☐	☐	☐	☐
Feeling irritable or restless	☐	☐	☐	☐
Sudden mood changes	☐	☐	☐	☐
Difficulty sleeping	☐	☐	☐	☐

Thoughts and Feelings

1. **Have you experienced feelings of worthlessness or guilt?**
    - ☐ **Yes**
    - ☐ **No**
2. **Have you had thoughts of self-harm?**
    - ☐ **Yes**

- ☐ **No**

3. **How do you usually cope with stress?**
   - _____

Comments by Assessor

- _____
- _____

Signature of Assessor

- **Name: _____**
- **Signature: _____**
- **Date: _____**