Mental Status Exam Template

Patient Information

First Name	Last Name	Date of Birth	Patient ID

Mental Status Examination

Observations

Appearance	☐ Neat	☐ Disheveled	☐ Inappropriate	☐ Bizarre	☐ Other:
Speech	☐ Normal	☐ Tangential	☐ Pressured	☐ Impoverished	☐ Other:
Eye Contact	☐ Normal	☐ Intense	☐ Avoidant	☐ Other:	
Motor Activity	☐ Normal	☐ Restless	☐ Tics	☐ Slowed	☐ Other:
Affect	☐ Full	☐ Constricted	☐ Flat	☐ Labile	☐ Other:

Comments:

Mood

☐ Euthymic ☐ Anxious ☐ Angry ☐ Depressed ☐ Euphoric ☐ Irritable ☐ Other:

Comments:

Cognition

Orientation Impairment	☐ None	☐ Place	☐ Object	☐ Person	☐ Time
Memory Impairment	☐ None	☐ Short-term	☐ Long-term	☐ Other:	
Attention	☐ Normal	☐ Distracted	☐ Other:		

Comments:

Perception

Hallucinations	☐ None	☐ Auditory	☐ Visual	☐ Other:
Other	☐ None	☐ Derealization	☐ Depersonalization	

Comments:

Thoughts

Suicidality	☐ None	☐ Ideation	☐ Plan	☐ Intent	☐ Self-harm
Homicidality	☐ None	☐ Aggressive	☐ Intent	☐ Plan	
Delusions	☐ None	☐ Grandiose	☐ Paranoid	☐ Religious	☐ Other:

Comments:

Behavior

☐ Cooperative ☐ Guarded ☐ Hyperactive ☐ Agitated ☐ Paranoid ☐ Stereotyped ☐ Aggressive
☐ Bizarre ☐ Withdrawn ☐ Other:

Comments:

Insight	Comments:	Judgment	Comments:
☐ Good ☐ Fair ☐ Poor		☐ Good ☐ Fair ☐ Poor	

Clinician Name	Clinician Designation	Clinician Signature	Date