



Person's Name (First MI Last):		Record #:	
Organization Name:			
Mental Status Exam – (WNL = Within Normal Limits) (**) – If Checked, Risk Assessment is Required			
Appearance:	<input type="checkbox"/> WNL <input type="checkbox"/> Neat and appropriate <input type="checkbox"/> Physically unkempt	Clothing:	<input type="checkbox"/> WNL <input type="checkbox"/> Disheveled
Eye Contact:	<input type="checkbox"/> WNL <input type="checkbox"/> Avoidant <input type="checkbox"/> Intense <input type="checkbox"/> Intermittent		<input type="checkbox"/> Out of the ordinary
Build:	<input type="checkbox"/> WNL <input type="checkbox"/> Thin <input type="checkbox"/> Overweight <input type="checkbox"/> Short <input type="checkbox"/> Tall		
Posture:	<input type="checkbox"/> WNL <input type="checkbox"/> Slumped <input type="checkbox"/> Rigid, tense <input type="checkbox"/> Atypical		
Body Movement:	<input type="checkbox"/> WNL <input type="checkbox"/> Accelerated <input type="checkbox"/> Slowed <input type="checkbox"/> Peculiar <input type="checkbox"/> Restless <input type="checkbox"/> Agitated		
Behavior:	<input type="checkbox"/> Relaxed <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Overly compliant <input type="checkbox"/> Withdrawn <input type="checkbox"/> Sleepy <input type="checkbox"/> Nervous / Anxious <input type="checkbox"/> Restless <input type="checkbox"/> Silly <input type="checkbox"/> Avoidant / Guarded / Suspicious <input type="checkbox"/> Preoccupied <input type="checkbox"/> Demanding <input type="checkbox"/> Controlling <input type="checkbox"/> Unable to perceive pleasure <input type="checkbox"/> Provocative <input type="checkbox"/> Hyperactive <input type="checkbox"/> Impulsive <input type="checkbox"/> Agitated <input type="checkbox"/> Angry <input type="checkbox"/> Assaultive <input type="checkbox"/> Aggressive <input type="checkbox"/> Compulsive		
Speech:	<input type="checkbox"/> WNL <input type="checkbox"/> Mute <input type="checkbox"/> Over-talkative <input type="checkbox"/> Slowed <input type="checkbox"/> Slurred <input type="checkbox"/> Stammer <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Clear <input type="checkbox"/> Repetitive		
Emotional State-Mood:	<input type="checkbox"/> WNL <input type="checkbox"/> Lack of feelings <input type="checkbox"/> Blunted, unvarying <input type="checkbox"/> Euphoric, elated <input type="checkbox"/> Tranquil <input type="checkbox"/> Anger <input type="checkbox"/> Hostility <input type="checkbox"/> Irritable <input type="checkbox"/> Fear, apprehension <input type="checkbox"/> Depressed, sadness <input type="checkbox"/> Anxious		
Emotional State-Affect:	<input type="checkbox"/> WNL <input type="checkbox"/> Constricted <input type="checkbox"/> Flat <input type="checkbox"/> Inappropriate <input type="checkbox"/> Changeable <input type="checkbox"/> Full <input type="checkbox"/> Panic attacks or symptoms <input type="checkbox"/> Sleep disturbance <input type="checkbox"/> Appetite disturbance		
Facial Expression:	<input type="checkbox"/> WNL <input type="checkbox"/> Anxiety, fear, apprehension <input type="checkbox"/> Sadness, depression <input type="checkbox"/> Anger, hostility, irritability <input type="checkbox"/> Expressionless <input type="checkbox"/> Unvarying <input type="checkbox"/> Inappropriate <input type="checkbox"/> Elated		
Perception:	<input type="checkbox"/> WNL <input type="checkbox"/> Illusions <input type="checkbox"/> Depersonalization <input type="checkbox"/> De-realization <input type="checkbox"/> Re-experiencing <b>Hallucinations -</b> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Gustatory <input type="checkbox"/> Tactile <input type="checkbox"/> Command**		
Thought Content:	<input type="checkbox"/> WNL <b>Delusions -</b> <input type="checkbox"/> None reported <input type="checkbox"/> Grandiose <input type="checkbox"/> Persecutory <input type="checkbox"/> Somatic <input type="checkbox"/> Illogical <input type="checkbox"/> Chaotic <input type="checkbox"/> Religious <b>Other Content -</b> <input type="checkbox"/> Preoccupied <input type="checkbox"/> Obsessional <input type="checkbox"/> Guarded <input type="checkbox"/> Phobic <input type="checkbox"/> Suspicious <input type="checkbox"/> Guilty <input type="checkbox"/> Thought broadcasting <input type="checkbox"/> Thought insertion <input type="checkbox"/> Ideas of reference <b>Self Abuse Thoughts-</b> <input type="checkbox"/> None reported <input type="checkbox"/> Cutting** <input type="checkbox"/> Burning** <input type="checkbox"/> Other self mutilation** <b>Suicidal Thoughts -</b> <input type="checkbox"/> None reported <input type="checkbox"/> Passive SI** <input type="checkbox"/> Intent** <input type="checkbox"/> Plan** <input type="checkbox"/> Means** <b>Aggressive Thoughts -</b> <input type="checkbox"/> None reported <input type="checkbox"/> Intent** <input type="checkbox"/> Plan** <input type="checkbox"/> Means**		
Thought Process	<input type="checkbox"/> WNL <input type="checkbox"/> Incoherent <input type="checkbox"/> Circumstantial <input type="checkbox"/> Decreased thought flow <input type="checkbox"/> Blocked <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Loose <input type="checkbox"/> Racing <input type="checkbox"/> Increased thought flow <input type="checkbox"/> Concrete <input type="checkbox"/> Tangential		
Intellectual Functioning	<input type="checkbox"/> WNL <input type="checkbox"/> Lessened fund of common knowledge <input type="checkbox"/> Short attention span <input type="checkbox"/> Impaired concentration <input type="checkbox"/> Impaired calculation ability <b>Intelligence Estimate -</b> <input type="checkbox"/> MR <input type="checkbox"/> Borderline <input type="checkbox"/> Average <input type="checkbox"/> Above average <input type="checkbox"/> No formal testing		
Orientation:	<input type="checkbox"/> WNL <b>Disoriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place		
Memory:	<input type="checkbox"/> WNL <b>Impaired:</b> <input type="checkbox"/> Immediate recall <input type="checkbox"/> Recent memory <input type="checkbox"/> Remote memory		
Insight:	<input type="checkbox"/> WNL <input type="checkbox"/> Difficulty acknowledging presence of psychological problems <input type="checkbox"/> Mostly blames other for problems <input type="checkbox"/> Thinks he/she has no problems		
Judgment:	<input type="checkbox"/> WNL <b>Impaired Ability to Make Reasonable Decisions:</b> <input type="checkbox"/> Some <input type="checkbox"/> Severe**		
Past Attempts to Harm Self or Others:	<input type="checkbox"/> None Reported <input type="checkbox"/> Self** <input type="checkbox"/> Others** Comment:		
Comments:			
Provider - Print Name/Credential:	Date:	Supervisor - Print Name/Credential (if needed):	Date:
Provider Signature:	Date:	Supervisor Signature (if needed):	Date: