

# Mental Status Exam Template

Patient Information			
First Name <b>James</b>	Last Name <b>Sample</b>	Date of Birth <b>11.02.1981</b>	Patient ID <b>11111</b>
Mental Status Examination			
<b>Observations</b>			
<b>Appearance</b>	<input checked="" type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate
<b>Speech</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured
<b>Eye Contact</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input checked="" type="checkbox"/> Avoidant
<b>Motor Activity</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics
<b>Affect</b>	<input type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input checked="" type="checkbox"/> Flat
<input type="checkbox"/> Bizarre <input type="checkbox"/> Other: _____ <input type="checkbox"/> Impoverished <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Slowed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Labile <input type="checkbox"/> Other: _____			
Comments: <b>James demonstrates signs of comorbid psychomotor depression. Speech is slow and quiet.</b>			
<b>Mood</b>			
<input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other: _____			
Comments: <b>Exaggerated startle response at chair scraping and soft noises outside. Frequently scanning surroundings.</b>			
<b>Cognition</b>			
<b>Orientation Impairment</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object
<b>Memory Impairment</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Short-term	<input type="checkbox"/> Long-term
<b>Attention</b>	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Distracted	<input type="checkbox"/> Other: _____
Comments: <b>I had to repeat questions multiple times. James apologized and said he has been "zoning out" a lot recently</b>			
<b>Perception</b>			
<b>Hallucinations</b>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Auditory	<input type="checkbox"/> Visual
<b>Other</b>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
Comments: <b>Reports auditory hallucinations of artillery/helicopters. Experiences derealizing flashbacks to incident.</b>			
<b>Thoughts</b>			
<b>Suicidality</b>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Ideation	<input type="checkbox"/> Plan
<b>Homicidality</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent
<b>Delusions</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Intent <input type="checkbox"/> Self-harm <input type="checkbox"/> Plan <input type="checkbox"/> Religious <input type="checkbox"/> Other: _____			
Comments: <b>James believes everyone would be "better off" without him. Feelings of guilt and shame.</b>			
<b>Behavior</b>			
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated
<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn	<input checked="" type="checkbox"/> Other: Hypervigilant	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped <input type="checkbox"/> Aggressive			
Comments: <b>James was cooperative throughout our session, despite being distracted by goings-on outside</b>			
<b>Insight</b>		<b>Judgment</b>	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor		<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	
Comments: <b>James does not believe his PTSD is responsible for his symptoms.</b>		Comments: <b>James understands how his decisions impact his loved ones and himself but struggles with guilt</b>	
Clinician Name <b>Dr Milo</b>	Clinician Designation <b>Psychiatrist</b>	Clinician Signature 	Date <b>12.20.2022</b>

# Mental Status Exam Form

**Hussin A.Rothana**



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## **Table of Contents Mental Status Exam Form**

1. Understanding the eBook Mental Status Exam Form
  - The Rise of Digital Reading Mental Status Exam Form
  - Advantages of eBooks Over Traditional Books
2. Identifying Mental Status Exam Form
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Mental Status Exam Form
  - User-Friendly Interface
4. Exploring eBook Recommendations from Mental Status Exam Form

- Personalized Recommendations
- Mental Status Exam Form User Reviews and Ratings
- Mental Status Exam Form and Bestseller Lists
- 5. Accessing Mental Status Exam Form Free and Paid eBooks
  - Mental Status Exam Form Public Domain eBooks
  - Mental Status Exam Form eBook Subscription Services
  - Mental Status Exam Form Budget-Friendly Options
- 6. Navigating Mental Status Exam Form eBook Formats
  - ePub, PDF, MOBI, and More
  - Mental Status Exam Form Compatibility with Devices
  - Mental Status Exam Form Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Mental Status Exam Form
  - Highlighting and Note-Taking Mental Status Exam Form
  - Interactive Elements Mental Status Exam Form
- 8. Staying Engaged with Mental Status Exam Form
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Mental Status Exam Form
- 9. Balancing eBooks and Physical Books Mental Status Exam Form
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Mental Status Exam Form
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Mental Status Exam Form
  - Setting Reading Goals Mental Status Exam Form
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Mental Status Exam Form

- Fact-Checking eBook Content of Mental Status Exam Form
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning
- Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
- Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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