

























**Mental Status Evaluation**

<b>Appearance</b>	<input type="checkbox"/> appropriate	<input type="checkbox"/> well-groomed	<input type="checkbox"/> inappropriate	<input type="checkbox"/> disheveled	<input type="checkbox"/> bizarre
<b>Orientation</b>	<input type="checkbox"/> fully-oriented	<input type="checkbox"/> not fully-oriented (describe:)		<input type="checkbox"/> normal	<input type="checkbox"/> impaired
<b>Speech</b>	<input type="checkbox"/> relevant <input type="checkbox"/> loud	<input type="checkbox"/> normal <input type="checkbox"/> precise	<input type="checkbox"/> logical <input type="checkbox"/> soft	<input type="checkbox"/> slow	<input type="checkbox"/> incoherent <input type="checkbox"/> rapid/pressured
<b>Affect</b>	<input type="checkbox"/> appropriate	<input type="checkbox"/> inappropriate	<input type="checkbox"/> flat	<input type="checkbox"/> tearful	<input type="checkbox"/> constricted <input type="checkbox"/> agitated
<b>Activity Level</b>	<input type="checkbox"/> Appropriate		<input type="checkbox"/> Inappropriate		
<b>Cooperation</b>	<input type="checkbox"/> Appropriate		<input type="checkbox"/> Inappropriate		
<b>Engagement</b>	<input type="checkbox"/> Appropriate		<input type="checkbox"/> Inappropriate		
<b>Eye Contact</b>	<input type="checkbox"/> Appropriate		<input type="checkbox"/> Inappropriate		
<b>Thought process</b>	<input type="checkbox"/> intact <input type="checkbox"/> blocked	<input type="checkbox"/> abstract <input type="checkbox"/> concrete	<input type="checkbox"/> loose associations <input type="checkbox"/> circumstantial	<input type="checkbox"/> vague <input type="checkbox"/> flight of ideas	<input type="checkbox"/> tangential
<b>Thought content</b>	<input type="checkbox"/> normal <input type="checkbox"/> confusion	<input type="checkbox"/> paranoia <input type="checkbox"/> delusions	<input type="checkbox"/> obsessions <input type="checkbox"/> hallucinations	<input type="checkbox"/> other:	
<b>Intelligence</b>	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average		
<b>Mood</b>	<input type="checkbox"/> appropriate <input type="checkbox"/> angry	<input type="checkbox"/> sad <input type="checkbox"/> irritated	<input type="checkbox"/> anxious <input type="checkbox"/> euphoric	<input type="checkbox"/> panicky <input type="checkbox"/> despairing	<input type="checkbox"/> depressed <input type="checkbox"/> bored
<b>Motor Activity</b>	<input type="checkbox"/> normal <input type="checkbox"/> aggressive	<input type="checkbox"/> overactive <input type="checkbox"/> compulsive	<input type="checkbox"/> under-active <input type="checkbox"/> seductive	<input type="checkbox"/> other:	
<b>Attitude</b>	<input type="checkbox"/> cooperative	<input type="checkbox"/> uncooperative	<input type="checkbox"/> guarded	<input type="checkbox"/> suspicious	<input type="checkbox"/> belligerent
<b>Reliability</b>	<input type="checkbox"/> appears to be truthful		<input type="checkbox"/> appears to minimize	<input type="checkbox"/> appears to exaggerate	
<b>Insight</b>	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> limited	<input type="checkbox"/> absent	<input type="checkbox"/> unable to assess
<b>Judgment</b>	<input type="checkbox"/> good	<input type="checkbox"/> poor	<input type="checkbox"/> unable to assess		
<b>Harm to Others Thought/Intent</b>	<input type="checkbox"/> absent	<input type="checkbox"/> present	If present, complete harm to others plan below		
<b>Suicidal Thought/Intent</b>	<input type="checkbox"/> absent	<input type="checkbox"/> present	If present, complete suicide safety plan below		
<b>Suicide Risk:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete FSW 'No Harm Contract'.		

**AODA – Substance Use/Abuse**  Current  Past  N/A

Describe \_\_\_\_\_

**Past/Current trauma**  No  Yes Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Referrals**

\_\_\_\_\_  
\_\_\_\_\_

