

PSYCHOLOGICAL EVALUATION/MENTAL STATUS Example

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

MARITAL STATUS:

Current \_\_\_\_\_

Past Marriages \_\_\_\_\_

Divorce(s) \_\_\_\_\_

Relationships \_\_\_\_\_

LIVING SITUATION:

Residency \_\_\_\_\_

Extended Family \_\_\_\_\_

BRIEF HISTORY:

Problem(s) \_\_\_\_\_

Elementary \_\_\_\_\_

High School \_\_\_\_\_

Learn/Beh Prob \_\_\_\_\_

GED \_\_\_\_\_

Post-Secondary \_\_\_\_\_

Other Training \_\_\_\_\_

Current Employ \_\_\_\_\_

Income \_\_\_\_\_

Employ History \_\_\_\_\_

Daily Routine \_\_\_\_\_

Social/Peers \_\_\_\_\_

Limitations \_\_\_\_\_

Stressors \_\_\_\_\_

Abuse/Trauma \_\_\_\_\_

PSYCHIATRIC HISTORY (NUMBER):

Inpatient \_\_\_\_\_

Outpatient \_\_\_\_\_

Past Medications \_\_\_\_\_

SOCIAL HISOTRY:

Spouse Name \_\_\_\_\_  
Spouse Employ \_\_\_\_\_  
Time Married \_\_\_\_\_  
Parents \_\_\_\_\_  
Siblings \_\_\_\_\_  
Children \_\_\_\_\_  
Foster Care \_\_\_\_\_ Children \_\_\_\_\_  
Shelter Care \_\_\_\_\_ Children \_\_\_\_\_  
Legal Issues \_\_\_\_\_

PAST MEDICAL HISTORY:

1. Child Ill \_\_\_\_\_  
2. Medical Prob \_\_\_\_\_  
3. Surgical Prob \_\_\_\_\_  
4. Allergy \_\_\_\_\_  
5. Head Trauma \_\_\_\_\_  
6. PPD \_\_\_\_\_  
7. Medication(s) \_\_\_\_\_  
8. Tobacco Use \_\_\_\_\_  
9. Alcohol Use \_\_\_\_\_  
    Freq/Intent \_\_\_\_\_  
    Consciousness \_\_\_\_\_  
    Blackouts \_\_\_\_\_  
    Control Efforts \_\_\_\_\_  
    Time Spent \_\_\_\_\_  
    Intoxication \_\_\_\_\_  
    Withdrawal \_\_\_\_\_ Tremors \_\_\_\_\_ Hallucinosis \_\_\_\_\_  
    Use to Avoid \_\_\_\_\_  
    Tolerance \_\_\_\_\_  
    Reduced Activity \_\_\_\_\_  
    Reasons For Use \_\_\_\_\_  
    Inpatient \_\_\_\_\_  
    Outpatient \_\_\_\_\_  
    Medication(s) \_\_\_\_\_  
    Tx Options \_\_\_\_\_  
10. Street Drugs \_\_\_\_\_  
    Cannabis \_\_\_\_\_  
    Inhalants \_\_\_\_\_  
    Others \_\_\_\_\_  
11. OB/GYN   G \_\_\_ P \_\_\_ A \_\_\_ Birth Control \_\_\_\_\_  
    Menstrual Cycles \_\_\_\_\_  
    Premenstrual \_\_\_\_\_

MENTAL STATUS EXAM:

1. Appear/Behave \_\_\_\_\_  
    Attention \_\_\_\_\_

- Concentration \_\_\_\_\_
- 2. Speech
  - Rate \_\_\_\_\_
  - Tone \_\_\_\_\_
  - Volume \_\_\_\_\_
  - Perseveration \_\_\_\_\_
  - Aphasia \_\_\_\_\_
- 3. Emotions
  - a. Stated Mood \_\_\_\_\_
  - b. Observed Mood \_\_\_\_\_
  - c. Biological \_\_\_\_\_
  - d. Interest Loss \_\_\_\_\_
  - e. Memory \_\_\_\_\_
  - f. Weight Change \_\_\_\_\_
  - g. Motor Level \_\_\_\_\_
  - h. Energy Level \_\_\_\_\_
  - i. Worth/Guilt \_\_\_\_\_
  - j. Death/Harm \_\_\_\_\_
  - k. Suicidal \_\_\_\_\_
  - l. Homicidal \_\_\_\_\_
- 4. Thoughts
  - Processes Logical \_\_\_\_\_ Coherent \_\_\_\_\_ Other \_\_\_\_\_
  - Content \_\_\_\_\_
  - Preoccupations \_\_\_\_\_
  - Delusions \_\_\_\_\_
  - Obsessions \_\_\_\_\_
  - Compulsions \_\_\_\_\_
  - Phobias \_\_\_\_\_
  - Panic Syndrome \_\_\_\_\_
  - Suspicion \_\_\_\_\_
  - Orientation \_\_\_\_\_
  - Reality Testing \_\_\_\_\_
- 5. Perceptions
  - Hallucinations \_\_\_\_\_
  - Illusions \_\_\_\_\_
- 6. Cognition
  - Functional Level \_\_\_\_\_
  - Deja Vu \_\_\_\_\_
  - Depersonal \_\_\_\_\_
  - Forced Thinking \_\_\_\_\_
  - Flashbacks \_\_\_\_\_
  - Control Locus \_\_\_\_\_

FORMULATION:

- Residency \_\_\_\_\_
- Problem(s) \_\_\_\_\_
- Medication(s) \_\_\_\_\_

Past Treatment \_\_\_\_\_  
Mental Status \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAN:

A. Organic

1. Evaluation \_\_\_\_\_  
\_\_\_\_\_

2. Medications \_\_\_\_\_  
\_\_\_\_\_

B. Psychological

1. Evaluation \_\_\_\_\_  
\_\_\_\_\_

2. Therapy \_\_\_\_\_  
\_\_\_\_\_

C. Family

1. Therapy \_\_\_\_\_

2. Support \_\_\_\_\_

D. Social

1. Milieu \_\_\_\_\_

2. Support \_\_\_\_\_