

Mental Health Assessment Tool

Student's Name: _____ Class: _____

Clinical Area: _____ Grade: _____

Client's Identifying Information

Initials Only _____ Languages Spoken _____

Nationality _____ Level of Education _____

Age/ Sex _____ Date of Admission _____

Marital Status _____ Ward/ Room _____

Living Arrangements _____

Financial Status and
Occupation _____

Immediate Patient Care
Giver / Support System _____

Sources of Data _____

Chief Complaints:

(The reason, in the
client's own words, for
coming or being sent for
treatment).

History of the Present
Problem/ date of onset of
the problem/ symptoms

Medical Diagnosis

Past Medical History:

Date & Reason of Previous Admission/ (Previous Treatment Modalities & Medications Prescribed/
Previous ECT Sessions (Date of last course)/ History of violent behavior, suicidal attempt, alcohol
or drug abuse (Explain):

Past Medical history. (Head injuries, epilepsy, disorientation, etc.)

Current history of:

Suicide: ☐ Yes ☐ No; Specify
Alcohol or substance abuse: ☐ Yes ☐ No ; Specify
Physical or sexual abuse: ☐ Yes ☐ No; Specify

Growth & Development History: Childhood (Psychological & Physiological), Adolescent HX:

Family Medical History

History of: ☐ Mental Illness ☐ Epilepsy ☐ Drug Abuse ☐ Alcohol

Other Significant Family History Findings (Specify):

Performance of Activities of Daily Living:

Eating

Elimination

Drinking

Sleeping

Exercise & Activity

Has patient experienced
neurovegetative changes? If
yes, explain

Mental Status Examination

A. Overall General Appearance (Describe:

Facial Expressions

Grooming & Dress

Gait & Posture

General State of Health

General State of Nutrition

Hygiene & Cleanliness

B. Motor Activity:

- | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Hypoactive | <input type="checkbox"/> Purposeful | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Stereotyped | <input type="checkbox"/> Tics | <input type="checkbox"/> Tremors | <input type="checkbox"/> Grimacing | <input type="checkbox"/> Echopraxia |
| <input type="checkbox"/> Others; specify | | | | |

C. Communication:

1. Facial Expressions

- | | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Sad | <input type="checkbox"/> Worried | <input type="checkbox"/> Frightened | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Pupil: | <input type="checkbox"/> Constricted | <input type="checkbox"/> Dilated | |
| <input type="checkbox"/> Others; specify | | | |

2. Speech

- | | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Slow | <input type="checkbox"/> Rapid | <input type="checkbox"/> Loud | <input type="checkbox"/> Soft | <input type="checkbox"/> Audible |
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Pressured | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Slurred | |
| <input type="checkbox"/> Coherent | <input type="checkbox"/> Incoherent | | | |
| <input type="checkbox"/> Logical | <input type="checkbox"/> Illogical | <input type="checkbox"/> Vague | <input type="checkbox"/> Others; specify | |

3. Signs of Impaired Communication

- | | | |
|--|---|--|
| <input type="checkbox"/> Thought Blocking | <input type="checkbox"/> Circumstantially | <input type="checkbox"/> Flight of Ideas |
| <input type="checkbox"/> Preservation | <input type="checkbox"/> Verbigeration | <input type="checkbox"/> Word Salad |
| <input type="checkbox"/> Neologism | <input type="checkbox"/> Echolalia | <input type="checkbox"/> Mutism |
| <input type="checkbox"/> Clang Association | <input type="checkbox"/> Racing Thoughts | <input type="checkbox"/> Vague Thoughts |
| <input type="checkbox"/> Punning | <input type="checkbox"/> Tangentiality | |

Explain by giving vivid examples:

D. Emotional State:Affect

- ☐ Flat
☐ Labile
☐ Blunted
☐ Incongruent
☐ Bright
☐ Anxious
☐ Sullen
☐ Others; specify

Attitude

- ☐ Friendly
☐ Embarrassed
☐ Evasive
☐ Fearful
☐ Resentful
☐ Negative
☐ Impulsive
☐ Liability
☐ Others; specify

Mood

- ☐ Depressed
☐ Sad
☐ Nervous
☐ Discouraged
☐ Euphoric
☐ Calm
☐ Confused
☐ Others; specify
☐ Anxious
☐ Agitated
☐ Angry

Describe the relationship between the patient's mood and the content of his thought:

Attitude & degree of cooperation during the interview: ☐ *Passive*

☐ *Active*

Client's Defense Mechanisms (Coping strategies)Healthy TechniquesUnhealthy Techniques**E. Intellectual Processes:****Thought Content (Describe:**• *Delusion*

*Delusion of
Reference*

Persecutory Delusion

Delusion of Control

Nihilistic Delusion

Delusion of Grandeur

Somatic Delusions

Thought Content (Describe:

☐ Thought withdrawal

☐ Thought broadcasting

☐ Thought insertion

Explain :

Illusion & Hallucination (Describe):

- **Illusion** ☐ Yes ☐ No, If yes, explain ...
- **Hallucination**
 - Auditory** ☐ Yes ☐ No; Explain ...
 - Visual** ☐ Yes ☐ No; Explain ...
 - Olfactory** ☐ Yes ☐ No; Explain ...
 - Gustatory** ☐ Yes ☐ No; Explain ...
 - Tactile** ☐ Yes ☐ No; Explain ...
 - Others, specify**
- **Obsession** ☐ Yes ☐ No; Explain ...
- **Compulsion** ☐ Yes ☐ No; Explain ...
- **Phobia** ☐ Yes ☐ No; Explain ...

F. Cognitive Functioning:

1. Memory:

- ☐ Intact If not intact, specify:
- ☐ Not Intact Remote:-----
- Recent:-----
- Immediate:-----

2. Orientation:

- ☐ Time ☐ Person ☐ Place

3. Concentration:

- A. Digit Span:-----
- B. Simple Calculation:-----
- C. Conclusion:-----

4. Abstract Thinking:

- A. Finds Meaning in Proverb:-----
- B. Finds Similarities Between Things:-----
- C. Conclusion:-----

5. Insight:

- ☐ Lack of Insight ☐ Good Insight ☐ Poor Insight

(Does Patient Find Treatment Necessary?)

6. Judgment:

A. Social Judgment:

B. Family Judgment:

C. Financial Judgment:

D. Employment Judgment:

Your Conclusion:

<i>Prescribed Medications</i>				
<i>Drug</i>	<i>Dose</i>	<i>Frequency</i>	<i>Route</i>	<i>Indication for your patient</i>

Other Treatment Modalities: Discuss

<i>Diagnostic Evaluation & Date</i>	<i>Rational</i>	<i>Result</i>	<i>Interpretation</i>

Coping Strategies: What method the patient uses to manage his stress:

Healthy Techniques		Unhealthy Techniques	
Method	Applied	Method	Applied
Physical Activity		Smoking cigarettes	
Setting		Over eating	
Takes hot bath		Drinking liquor	
Cleaning the house		Thinking things over	
Knitting/Sewing		Throwing things	
Cooking		Over working	
Reading		Having a temper tantrum	
Writing		Chewing gum	
Day Dreaming		Spending money	
Listening to music		Biting finger nails	
Playing an instrument		Moping isolating himself doing nothing	
Change environment (e.g., travel)		<i>Others: if yes, specify:</i>	
Going to movies and watching T.V			
Going for a ride			
Talking with friends			
Talking on phone			
Praying			
Talking to a spiritual guide			
Trying to ignore the problem			
Change his look to life			
Talking to a therapist			
Listening to self improvement tapes			
Use a form of relaxation technique			
<i>Others: if yes, specify:</i>			