SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
✉Email: sinahsquetta75@gmail.com
✆PHONE: 0311-8013611

Mental Health Assessment Form

Patient Information			
Patient Name:	**F/Name:**	**Patient ID:**	**Ethnicity:**
Patient Skills/Strength			
Presenting problem			
Presenting Mental Health Problem(s)			
History of presenting problem			
Current symptoms			
Goal for Treatment			
Medical History			
Current Medication			

Medication Name	**Dose**	**Frequency**	**Indication**	**Note: Started upon Admission-2 days prior**

Medical History
Family History
Developmental History
Psychological History
Personal History
Family History
Psychosocial History
Education
Social Relationships
Living Situation
Developmental History
Chilhood/Adolecence
Cultural Factors

Substance Abuse History

Substance	Age of First Use	Date of last Use	Note

Risk Screening

Select all that applies

- ☐ Suicide/Self harm
- ☐ Cognitive Impairment
- ☐ Neglect/Abuse
- ☐ Cultural isolation
- ☐ Substance abuse
- ☐ Homelessness

If any above is selected, please elaborate:

SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
✉Email: sinahsquetta75@gmail.com
✆PHONE: 0311-8013611

Mental Status Exam

Client Name: _____ Date:_____

OBSERVATIONS:

Appearance	☐ Neat	☐ Disheveled	☐ Inappropriate	☐ Bizarre	☐ Other
Speech	☐ Normal	☐ Tangential	☐ Pressured	☐ Impoverished	☐ Other
Eye Contact	☐ Normal	☐ Intense	☐ Avoidant	☐ Other	
Motor Activity	☐ Normal	☐ Restless	☐ Tics	☐ Slowed	☐ Other
Effect	☐ Full	☐ Constricted	☐ Flat	☐ Labile	☐ Other

Comments:

MOOd

☐ Euthymic	☐ Anxious	☐ Angry	☐ Depressed	☐ Euphoric	☐ Irritable	☐ Other

Comments:

COGNITION

Orientation Impairment	☐ None	☐ Place	☐ Object	☐ Person	☐ Time
Memory Impairment	☐ None	☐ Short-Term	☐ Long-Term	☐ Other	
Attention	☐ Normal	☐ Distracted	☐ Other		

Comments:

PERCEPTION

Hallucinatons	None	☐ Auditory	☐ Visual	☐ Other
Others	☐ None	☐ Derealization	☐ Depersonalization	

Comments:

THOUGHTS

Suicidality	☐ None	☐ Ideation	☐ Plan	☐ Intent	☐ Self-Harm
Homicidality	☐ None	☐ Aggressive	☐ Intent	☐ Plan	
Delusions	☐ None	☐ Grandiose	☐ Paranoid	☐ Religious	☐ Other

Comments:

BEHAVIOR

☐ Cooperative	☐ Guarded	☐ Hyperactive	☐ Agitated	☐ Paranoid
☐ Stereotyped	☐ Aggressive	☐ Bizarre	☐ With Drawn	☐ Other

Comments:

INSIGHT	☐ Good	☐ Fair	☐ Poor	Comments:
JUDGEMENT	☐ Good	☐ Fair	☐ Poor	Comments:

Physical Examination Result

Assessment Summary

Student Name:	**Session:**	**Student Signature:**	**Date:**

Checked By: _____