

# Mental State Examination

| Patient information  |                       |
|----------------------|-----------------------|
| Name:                |                       |
| Date of birth:       | Patient ID:           |
| Clinician:           | Clinical designation: |
| Clinician signature: | Date:                 |
| Observations         |                       |
| Appearance           |                       |
| Neat                 | Inappropriate         |
| Dishevelled          | Bizarre               |
| Other:               |                       |
| Speech               |                       |
| Normal               | Pressured             |
| Tangential           | Impoverished          |
| Other:               |                       |
| Motor activity       |                       |
| Normal               | Tics                  |
| Restless             | Slowed                |
| Other:               |                       |
| Eye contact          |                       |
| Normal               | Intense               |
| Avoidant             | Other:                |
| Affect               |                       |
| Full                 | Flat                  |
| Constricted          | Labile                |
| Other:               |                       |
| Comments:            |                       |
|                      |                       |

**Mood**

Euthymic

Depressed

Anxious

Euphoric

Angry

Irritable

Other:

Comments:

**Cognition****Orientation**

None

Object

Place

Person

Time

**Memory**

None

Long-term

Short-term

Other:

**Attention**

Normal

Distracted

Other:

Comments:

**Perception**

**Hallucinations**

|      |          |
|------|----------|
| None | Auditory |
|------|----------|

|        |        |
|--------|--------|
| Visual | Other: |
|--------|--------|

**Other**

|      |               |
|------|---------------|
| None | Derealization |
|------|---------------|

|                   |  |
|-------------------|--|
| Depersonalization |  |
|-------------------|--|

Comments:

**Thoughts**

**Suicidality**

|      |          |
|------|----------|
| None | Ideation |
|------|----------|

|      |        |
|------|--------|
| Plan | Intent |
|------|--------|

|           |  |
|-----------|--|
| Self-harm |  |
|-----------|--|

**Homicidality**

|      |            |
|------|------------|
| None | Aggressive |
|------|------------|

|        |      |
|--------|------|
| Intent | Plan |
|--------|------|

**Delusions**

|      |           |
|------|-----------|
| None | Grandiose |
|------|-----------|

|          |           |
|----------|-----------|
| Paranoid | Religious |
|----------|-----------|

Other:

**Process**

|                           |              |
|---------------------------|--------------|
| Logical and goal-directed | Disorganized |
|---------------------------|--------------|

Other:

Comments:

**Behavior**

Cooperative

Guarded

Hyperactive

Agitated

Paranoid

Stereotyped

Aggressive

Bizarre

Withdrawn

Other:

Comments:

**Attitude**

Cooperative and peaceful

Other:

Comments:

**Insight**

Good

Fair

Poor

Comments:

**Judgment**

Good

Fair

Poor

Comments: