

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Withdrawn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: