Mental Status Exam

Client Name M.				Date 9/8/23	

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
Affect	☑ Full	☐ Constricted	☐ Flat	☐ Labile	☐ Other

Comments:

MOOD

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

Comments: "Positive"

COGNITION

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

Comments: A + O × 4

PERCEPTION

Hallucinations	☑ None	☐ Auditory	☐ Visual	☐ Other
Other	☑ None	☐ Derealization	☐ Depersonalization	

Comments: " FOCUS on Self " ∅ perin. feels safe

THOUGHTS

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

Comments: NO passive or active thoughts no intent or plan

BEHAVIOR

☑ Cooperative	☐ Guarded	☐ Hyperactive	☐ Agitated	☐ Paranoid
☐ Stereotyped	☐ Aggressive	☐ Bizarre	☐ Withdrawn	☐ Other

Comments:

INSIGHT	☐ Good	☑ Fair	☐ Poor	Comments:
JUDGMENT	☑ Good	☐ Fair	☐ Poor	Comments: "house on fire" call 911 to get help

"

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✔" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	(1)	2	3
2. Feeling down, depressed, or hopeless	0	(1)	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	(1)	2	3
4. Feeling tired or having little energy	0	1	2	(3)
5. Poor appetite or overeating	0	1	2	(3)
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	(0)	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	(0)	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	(3)
9. Thoughts that you would be better off dead or of hurting yourself in some way	(0)	1	2	3

FOR OFFICE CODING __0__ + __3__ + __∅__ + __9__

=Total Score: __12__

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☑

For poor appet. + feeling like she has zero energy.