

J. Tillman

### Mental Status Exam

|                                                                                                                                                                                                                                                                |                                              |                                                    |                                               |                                                        |                                               |         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|-----------------------------------------------|---------|--|
| Client Name                                                                                                                                                                                                                                                    |                                              | K.T. B506 23yr. <sup>old</sup>                     |                                               | Date                                                   |                                               | 9-29-23 |  |
| <b>OBSERVATIONS</b> Clean/heat clothes / hair a little messy but pt. was laying down b/c interview!                                                                                                                                                            |                                              |                                                    |                                               |                                                        |                                               |         |  |
| Appearance                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Neat 1/2 | <input checked="" type="checkbox"/> Disheveled 1/2 | <input type="checkbox"/> Inappropriate        | <input type="checkbox"/> Bizarre                       | <input type="checkbox"/> Other                |         |  |
| Speech                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Normal   | <input type="checkbox"/> Tangential                | <input type="checkbox"/> Pressured            | <input type="checkbox"/> Impoverished                  | <input type="checkbox"/> Other                |         |  |
| Eye Contact                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Normal   | <input type="checkbox"/> Intense                   | <input type="checkbox"/> Avoidant             | <input type="checkbox"/> Other                         |                                               |         |  |
| Motor Activity                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Normal   | <input type="checkbox"/> Restless                  | <input type="checkbox"/> Tics                 | <input type="checkbox"/> Slowed                        | <input type="checkbox"/> Other                |         |  |
| Affect                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Full     | <input type="checkbox"/> Constricted               | <input type="checkbox"/> Flat                 | <input type="checkbox"/> Labile                        | <input type="checkbox"/> Other                |         |  |
| Comments:                                                                                                                                                                                                                                                      |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <b>MOOD</b>                                                                                                                                                                                                                                                    |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input checked="" type="checkbox"/> Other |                                              |                                                    |                                               |                                                        |                                               |         |  |
| Comments: Feelings @ times: "he is a God" " talks to the dead" calm but shows excitement when talking about music + his likes!                                                                                                                                 |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <b>COGNITION</b>                                                                                                                                                                                                                                               |                                              |                                                    |                                               |                                                        |                                               |         |  |
| Orientation Impairment                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> Place                     | <input type="checkbox"/> Object               | <input type="checkbox"/> Person                        | <input type="checkbox"/> Time                 |         |  |
| Memory Impairment                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> Short-Term                | <input type="checkbox"/> Long-Term            | <input type="checkbox"/> Other                         |                                               |         |  |
| Attention                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Normal   | <input type="checkbox"/> Distracted                | <input checked="" type="checkbox"/> Other     | good atten during intv. pt. says brainfog is an issue. |                                               |         |  |
| Comments: "Sometimes brain fog is an issue"                                                                                                                                                                                                                    |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <b>PERCEPTION</b>                                                                                                                                                                                                                                              |                                              |                                                    |                                               |                                                        |                                               |         |  |
| Hallucinations                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> Auditory                  | <input type="checkbox"/> Visual               | <input checked="" type="checkbox"/> Other (vibes)      |                                               |         |  |
| Other                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> Derealization             | <input type="checkbox"/> Depersonalization    |                                                        |                                               |         |  |
| Comments: "I wouldnt say I have hallucinations more like I get"                                                                                                                                                                                                |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <b>THOUGHTS</b> Vibes off of people + can see who they are.                                                                                                                                                                                                    |                                              |                                                    |                                               |                                                        |                                               |         |  |
| Suicidality                                                                                                                                                                                                                                                    | <input type="checkbox"/> None                | <input checked="" type="checkbox"/> Ideation       | <input checked="" type="checkbox"/> Plan      | <input checked="" type="checkbox"/> Intent             | <input checked="" type="checkbox"/> Self-Harm |         |  |
| Homicidality                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> Aggressive                | <input type="checkbox"/> Intent               | <input type="checkbox"/> Plan                          |                                               |         |  |
| Delusions                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> Grandiose                 | <input type="checkbox"/> Paranoid             | <input type="checkbox"/> Religious                     | <input type="checkbox"/> Other                |         |  |
| Comments: pt. is admitted for suicidal ideation + admits to attempting by overdose and has attempted/completed self harm in the past.                                                                                                                          |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <b>BEHAVIOR</b>                                                                                                                                                                                                                                                |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <input checked="" type="checkbox"/> Cooperative                                                                                                                                                                                                                | <input type="checkbox"/> Guarded             | <input checked="" type="checkbox"/> Hyperactive    | <input checked="" type="checkbox"/> Agitated  | <input checked="" type="checkbox"/> Paranoid           | (often)                                       |         |  |
| <input type="checkbox"/> Stereotyped                                                                                                                                                                                                                           | <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Bizarre                   | <input checked="" type="checkbox"/> Withdrawn | <input type="checkbox"/> Other                         |                                               |         |  |
| Comments: "I can be hyper, agitated, withdrawn, + paranoid at times" depending on the situation + my mood!                                                                                                                                                     |                                              |                                                    |                                               |                                                        |                                               |         |  |
| <b>INSIGHT</b>                                                                                                                                                                                                                                                 |                                              | <input type="checkbox"/> Good                      | <input checked="" type="checkbox"/> Fair      | <input type="checkbox"/> Poor                          | Comments:                                     |         |  |
| <b>JUDGMENT</b>                                                                                                                                                                                                                                                |                                              | <input type="checkbox"/> Good                      | <input checked="" type="checkbox"/> Fair      | <input type="checkbox"/> Poor                          | Comments:                                     |         |  |

During-Interview

"If I find a purse I would call the police + turn it in"