Mental Status Exam

Client Name	J. P	Date	4/12/24

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: Fidgets w/ hands + clothes a lot

MOOD

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

Comments: Easily frustrated, other times calm

COGNITION

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

Comments: Quickly jumps from one topic to the next

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

Comments: Can get aggressive at times + break things

BEHAVIOR

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☐ Stereotyped ☐ Aggressive ☐ Bizarre ☐ Withdrawn ☐ Other

Comments: Argues with staff frequently

INSIGHT	☐ Good	☐ Fair	☒ Poor	Comments:
JUDGMENT	☐ Good	☐ Fair	☒ Poor	Comments: Poor decision making

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 + 4 + 4 + 6

=Total Score: 14

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
☐	☐	☒	☐