came from ER

✳ arts&crafts

Plays with
Pop it Hilda

Been here since Thursday?
☹ Leaving today?

Mental Status Exam Edwardsville

| Client Name ~~Brenda~~ Janette. Ciells | Date 9/15/25 |

14 years old

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 Super sweet

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

Comments: excited to go home

COGNITION

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

Comments:

PERCEPTION

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

Comments:

THOUGHTS ↗2 weeks ago

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

Comments:

BEHAVIOR

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☐ Stereotyped	☐ Aggressive	☐ Bizarre	☐ Withdrawn	☐ Other

Comments: laughs alot

INSIGHT	☐ Good	☑Fair	☐ Poor	Comments:
JUDGMENT	☐ Good	☑Fair	☐ Poor	Comments:

not depressed, understands
importance to meds

asQ

Ask Suicide-Screening Questions

Suicide Risk Screening Tool

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ⊙Yes ○No

2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ⊙Yes ○No

3. **In the past week, have you been having thoughts about killing yourself?** ○Yes ⊙No

4. **Have you ever tried to kill yourself?** ○Yes ⊙No

   If yes, how? ___just ideas of it_____

   _____

   When? ~~xxxx~~ 2 weeks ago _____

   _____

*If the patient answers **Yes** to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ○Yes ⊙No

   If yes, please describe: _____

Next steps:

- If patient answers **"No"** to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen*).

- If patient answers **"Yes"** to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:

  - ☐ **"Yes"** to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT** safety/full mental health evaluation. **Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.

  - ☑ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - Patient requires a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed. **Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741