

Mental Status Exam

Client Name <u>Elena Acosta</u>		Date <u>10/16/25</u>	
OBSERVATIONS			
Appearance	<input type="checkbox"/> Neat	<input checked="" type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate
Speech	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured
Eye Contact	<input type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input checked="" type="checkbox"/> Avoidant
Motor Activity	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics
Affect	<input type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input checked="" type="checkbox"/> Flat
Comments: <u>patient did not want to maintain eye contact.</u>			
MOOD			
<input type="checkbox"/> Euthymic			
<input type="checkbox"/> Anxious			
<input type="checkbox"/> Angry			
<input type="checkbox"/> Depressed			
<input type="checkbox"/> Euphoric			
<input checked="" type="checkbox"/> Irritable			
<input type="checkbox"/> Other			
Comments: <u>patient wants coffee and to go home.</u>			
COGNITION			
Orientation Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object
Memory Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term
Attention	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Distracted	<input type="checkbox"/> Other
Comments: <u>Avoiding eye contact.</u>			
PERCEPTION			
Hallucinations	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual
Other	<input type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
Comments:			
THOUGHTS			
Suicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan
Homicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent
Delusions	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid
Comments:			
BEHAVIOR			
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input checked="" type="checkbox"/> Agitated
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn
Comments:			
INSIGHT	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor
Comments:			
JUDGMENT	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor
Comments:			

CAGE QUESTIONNAIRE

1. Have you ever felt you ought to **CUT** down on your drinking? **YES/NO** NO
2. Have people **ANNOYED** you by criticising your drinking? **YES/NO** NO
3. Have you ever felt **GUILTY** about your drinking? **YES/NO** NO
4. Have you ever had a drink in the **MORNING** to alleviate withdrawal symptoms, or get rid of a hangover (Eye-opener)? **YES/NO** NO

SCORING

Two or more positive responses = probable alcohol problem

patients sister asks about drinking. Patient gets angry about it.

Does not think drinking is an issue.