

Mental Status Exam Template

Please complete all sections as thoroughly as possible. If a section does not apply, you may leave it blank or cross it out.

1. Appearance

Describe the patient's clothing, hygiene, and any notable physical characteristics

2. Behaviour

Describe the patient's activity level, interaction with their surroundings, and any unique or notable behaviors

3. Speech

Note the rate, volume, clarity, and coherence of the patient's speech

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4. Mood

Record the patient's self-described emotional state, using their own words if possible

5. Affect

Describe the range and appropriateness of the patient's emotional response during the examination, noting any discrepancies with the stated mood

6. Thoughts

Assess the patient's thought process and thought content, noting any distortions, delusions, or preoccupations

7. Perceptions

Note any reported hallucinations or sensory misinterpretations, specifying type and impact on the patient

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8. Cognition

Describe the patient's memory, orientation to time/place/person, concentration, and comprehension

9. Insight

Describe the patient's understanding of their own condition and symptoms, noting any lack of awareness or denial

10. Judgment

Describe the patient's decision-making ability and understanding of the consequences of their actions

Practitioner Signature

Date

Patient Name

ID#

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