

MENTAL STATUS

Appearance/Behavior: _____

Orientation: Oriented to Person Place Time Situation (Explain deficits) _____

Speech: Organized Coherent (Explain deficits): _____

Intellectual Functioning Estimate: Above avg Average Below avg M.R. _____

Cognitive Deficits: None noted Cognitive deficits present Concentration deficits present (Explain deficits): _____

Memory: Memory generally intact Immediate memory problem Recent memory problem Remote memory problem (Explain deficits): _____

Thought Processes: Organized Coherent Tangential Thought-blocking Flight of Ideas (Explain deficits): _____

Thought Content/Delusions: (Check all that apply) No problem No delusions present Paranoid delusions present Grandiose delusions present Other delusions present Written description (required): _____

Perceptual Processes/Hallucinations: (Check all that apply) No problem No hallucinations present Auditory hallucinations present Visual hallucinations present Other hallucinations present Written description (required): _____

Insight: Good Average Poor in general Poor in some areas (specify): _____

Judgment: Good Average Poor in general Poor in some areas (specify) _____

Mood: Euthymic Irritable Elevated Anxious Depressed _____

Describe current depression problem: None _____

Describe current mania problem: None _____

Describe current hypomania problem: None _____

Describe other mood problems: None _____

Affect: Appropriate Inappropriate Blunted Labile Restricted Unvarying Flat _____

CLINICAL ASSESSMENT
AB2726 Mental Status

NAME:

CHART NO:

Confidential Patient Information
See W&I Code 5328

DOB:

PROGRAM: