

MENTAL STATUS: [WNL = Within Normal Limits]	
Appearance/Hygiene:	<input type="checkbox"/> WNL <input type="checkbox"/> Disheveled <input type="checkbox"/> Poor hygiene
Behavior:	<input type="checkbox"/> WNL <input type="checkbox"/> Uncooperative <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Withdrawn <input type="checkbox"/> Aggressive/agitated <input type="checkbox"/> Intrusive <input type="checkbox"/> Pacing
	<input type="checkbox"/> Talks/smiles/laughs to self <input type="checkbox"/> Other (specify):
Speech:	<input type="checkbox"/> WNL <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Slow <input type="checkbox"/> Soft <input type="checkbox"/> Other (specify):
Mood/Affect:	<input type="checkbox"/> WNL <input type="checkbox"/> Depressed <input type="checkbox"/> Angry/irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Flat/blunted <input type="checkbox"/> Tearful <input type="checkbox"/> Constricted/restricted
	<input type="checkbox"/> Labile <input type="checkbox"/> Other (specify):
Perceptual Process:	<input type="checkbox"/> WNL Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Command in nature <input type="checkbox"/> Visual <input type="checkbox"/> Other (specify):
Thought Process:	<input type="checkbox"/> WNL <input type="checkbox"/> Loose <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Disorganized <input type="checkbox"/> Thought blocking
Thought Content:	<input type="checkbox"/> WNL <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation
	Delusions: <input type="checkbox"/> Paranoid/persecutory <input type="checkbox"/> Grandiose <input type="checkbox"/> Religious <input type="checkbox"/> Nihilistic <input type="checkbox"/> Somatic <input type="checkbox"/> Erotomanic
Insight:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Memory: <input type="checkbox"/> WNL Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote
Judgment:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Oriented X 4 OR NOT Oriented to <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation
DIAGNOSTIC IMPRESSION (see Diagnosis form in chart for client's official diagnosis): Put principle diagnosis on first line, and then include all other diagnoses below	
<u>DSM-5/ICD-10 Code</u>	<u>DSM-5/ICD-10 Name</u>
_____ / _____	
_____ / _____	
_____ / _____	
_____ / _____	
_____ / _____	
TREATMENT PLAN / RECOMMENDATIONS:	

ADULT PSYCHIATRIC EVALUATION San Bernardino County DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information See W&I Code 5328	NAME:
	DOB:
	CHART NO:
	PROGRAM: