# Mental Status Exam Checklist

#### 1. Appearance

| ••  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Hygiene and Grooming  |  |  |  |  |  |  |
| Would you describe your client's hygiene and grooming as:                       |  |  |  |  |  |  |
| 🗌 Clean 🔄 Neat 🔲 Disheveled 🗌 Shaven 📄 Unshaven 📄 Hair Brushed 📄 Hair Unbrushed |  |  |  |  |  |  |
| Dress   |  |  |  |  |  |  |
| Is your client's clothing:  |  |  |  |  |  |  |
| 🗌 Casual 🔲 Business 🔲 Ragged 🗌 Immaculate 🗌 Fashionable 🗌 Inappropriate 🗌 Dirty |  |  |  |  |  |  |
| Neat Bizarre Stained  |  |  |  |  |  |  |
| Distinguishing Features   |  |  |  |  |  |  |
| Does your client have any distinguishing features, such as:                     |  |  |  |  |  |  |
| Tattoos Piercings Scars   |  |  |  |  |  |  |
| Apparent Age  |  |  |  |  |  |  |
| Does your client appear:  |  |  |  |  |  |  |
| Older than their stated age   |  |  |  |  |  |  |
| Body Mass Index   |  |  |  |  |  |  |
| ls your client's habitus:   |  |  |  |  |  |  |
| 🗌 Normal 🔲 Obese 🔲 Underweight 🗌 Overweight                                     |  |  |  |  |  |  |
| Facial Expressions  |  |  |  |  |  |  |
| Does your client appear:  |  |  |  |  |  |  |
| 🗌 Calm 🔄 Sad 🔲 Angry 🗌 Anxious 📄 Perplexed                                      |  |  |  |  |  |  |
| 2. General Behavior   |  |  |  |  |  |  |
| Eye Contact   |  |  |  |  |  |  |
| ls your client's eye contact:   |  |  |  |  |  |  |
| Appropriate Avoidant Decreased Heightened                                       |  |  |  |  |  |  |
| Tardive Dyskinesia  |  |  |  |  |  |  |
| Does your client display unusual movements in the jaw, face or tongue, such as: |  |  |  |  |  |  |
| 🗌 Grimacing 🔄 Lip Pursing 🔄 Lip Smacking 📄 Chewing 📃 Tongue Writhing            |  |  |  |  |  |  |

| Cooperativeness and Attitude  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Does your client exhibit an appropriate level of cooperation, or are they:  |  |  |  |  |  |  |  |  |
| Evasive   Withdrawn   Hostile   Open   Suspicious   Guarded   Passive   Demanding     Playful   Relaxed   Sullen   Shy   Candid   Over Friendly |  |  |  |  |  |  |  |  |
| Movements   |  |  |  |  |  |  |  |  |
| Does your client display any unusual or repetitive movements, such as:  |  |  |  |  |  |  |  |  |
| Pacing   Mannerisms   Waving   Head-nodding   Body-rocking   Finger-tapping     Tics   Posturing   Pacing   Arm-flapping   Twitches   Tremor    |  |  |  |  |  |  |  |  |
| 3. Speech and Language  |  |  |  |  |  |  |  |  |
| General   |  |  |  |  |  |  |  |  |
| Does your client speak clearly or have an:  |  |  |  |  |  |  |  |  |
| Rate  |  |  |  |  |  |  |  |  |
| Does your client speak clearly or have an:       Normal     Slow     Fast     Delayed Onset   |  |  |  |  |  |  |  |  |
| Rhythm  |  |  |  |  |  |  |  |  |
| ls your client's speech:   Articulate Dysarthric Slurred Monotone   |  |  |  |  |  |  |  |  |
| Volume  |  |  |  |  |  |  |  |  |
| Is your client's speech:   Soft Loud Mute   |  |  |  |  |  |  |  |  |
| Content   |  |  |  |  |  |  |  |  |
| Is your client:   |  |  |  |  |  |  |  |  |

### 4. Emotions

| Mood   |
|--|
| Does your client say they feel:  |
| 🗌 Depressed 📃 Irritable 📄 Sad 📄 Good 📄 Angry 📄 Fantastic                 |
| Affect   |
| Does your client seem to be:   |
| 🗌 Euthymic 🔲 Angry 🗌 Anxious 📄 Depressed 📄 Elated 📄 Irritable 📄 Euphoric |

| Range                                   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Is your client's affect range:          |  |  |  |  |  |  |  |
| Broad Labile Restricted Anhedonic Flat  |  |  |  |  |  |  |  |
| Congruency                              |  |  |  |  |  |  |  |
| Congruency                              |  |  |  |  |  |  |  |
| <b>Congruency</b><br>Is your client's a |  |  |  |  |  |  |  |

### 5. Thought and Perception

| Thought Proces   | SS              |                  |                    |            |                 |                 |         |  |
|--|-----------------|------------------|--------------------|------------|-----------------|-----------------|---------|--|
| Would you describe                                       | e your client's | thought proces   | is as:             |            |                 |                 |         |  |
| Goal-directed  | Illogical       | Blocking         | Tangential         | Wo         | rd Salad 🗌      | Incoherent      | Circums |  |
| Impoverished   | Loose           | Rapid            | Distractible       | Per:       | severative 🗌    | Flight of Idea  | as      |  |
| Thought Conte  | nt              |                  |                    |            |                 |                 |         |  |
| Do your client's tho                                     | oughts consist  | of:              |                    |            |                 |                 |         |  |
| Goal-directed  | Illogical       | Blocking         | Tangential         | U Wor      | rd Salad 🗌      | Incoherent      | Circums |  |
| Impoverished   | Loose           | Rapid            | Distractible       | Per:       | severative      | Flight of Idea  | as      |  |
| Perception   |                 |                  |                    |            |                 |                 |         |  |
| ls your client exper                                     | iencing:        |                  |                    |            |                 |                 |         |  |
| Goal-directed  | Illogical       | Blocking         | Tangential         | Woi        | rd Salad 🗌      | Incoherent      | Circums |  |
| Impoverished   | Loose           | Rapid            | Distractible       | Per:       | severative 🗌    | Flight of Idea  | as      |  |
| 6. Cognition   |                 |                  |                    |            |                 |                 |         |  |
| Alertness  |                 |                  |                    |            |                 |                 |         |  |
| ls your client:  |                 |                  |                    |            |                 |                 |         |  |
| 🗌 Alert 📃 In a   | stupor          | Lethargic 🗌      | Comatose 🗌 🤇       | Obtunde    | ed              |                 |         |  |
| Orientation  |                 |                  |                    |            |                 |                 |         |  |
| Does your client kn                                      | ow:             |                  |                    |            |                 |                 |         |  |
| Their Name   | The Time        | The Date         | Their Currer       | it Locatio | on              |                 |         |  |
| Memory   |                 |                  |                    |            |                 |                 |         |  |
| To test your client's                                    | s memory, you   | ı might ask ther | n to do the follow | /ing:      | Does you        | r client displa | y:      |  |
| Repeat three words immediately and again in five minutes |                 |                  |                    |            | 🗌 No Impairment |                 |         |  |
| Sign their nam   | e while answe   | ring unrelated   | questions          |            | Short-          | term Impairm    | nent    |  |
| Tell you their b<br>names                                | irthday, wher   | e they were bor  | n and their parer  | nts'       | Long-           | term Impairm    | ent     |  |

|  |   | •      |          |   |
|--|---|--------|----------|---|
|  | e | - 7    | <u>n</u> | n |
|  |   | <br>91 | U        |   |
|  |   |        |          |   |

Does your client's attention seem:

🗌 Normal 📃 Distracted

#### Insight

Describe your client's insight or their awareness of their situation or condition:

- How well does your client understand the reasons for their behavior?
- How well does your client appreciate how they contribute to a problem?
- Does your client recognize or acknowledge the severity of an issue?
- What do they perceive is the best way to address a problem?

Is your client's insight:

- No Impairment
- Short-term Impairment
- Long-term Impairment

#### Rate

Does your client speak clearly or have an: Normal Slow Fast Delayed Onset Rhythm Is your client's speech: Articulate Dysarthric Slurred Monotone Volume Is your client's speech: Soft Loud Mute Content Is your client:

Loquacious 🗌 Fluent 🗌 Impoverished

#### 7. Environment

If part of your mental status exam includes assessing the client's living environment, you may want to describe their surroundings. Ask yourself the following:

- Have they made odd decisions, such as blocking doors or windows with furniture?
- Are there unusual decorations or wires that lead nowhere?
- Are they using any household objects inappropriately?
- □ Is their home extremely cluttered or dirty?
- Do they collect junk or garbage?



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