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Evasive Withdrawn Hostile Open Suspicious Guarded Passive Demanding Playful Relaxed Sullen Shy Candid Over Friendly								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							
Congruency 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 names	irthday, wher	e they were bor	n and their parer	nts'	Long-	term Impairm	ent	

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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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