

# Mental Health Medical Assessment Form

This **mental health medical assessment form** sample template provides a structured format to evaluate a patient's psychological well-being efficiently. It facilitates comprehensive data collection, including symptoms, medical history, and treatment progress. Using this template ensures consistent and thorough mental health assessments in clinical settings.

## Patient Information

Full Name:

Date of Birth:

Gender:

Select

Assessment Date:

## Presenting Concerns

Describe main concerns/symptoms:

## Mental Health History

Psychiatric/psychological history (diagnoses, hospitalizations, treatments):

Family mental health history:

## Medical History

Medical conditions/medications/allergies:

## Symptom Assessment

Symptom	None	Mild	Moderate	Severe
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Disturbances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appetite Changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal Thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Current Stressors / Psychosocial Factors

List any significant stressors, social, occupational, or family issues:

## Substance Use

History of alcohol, drug, or substance use:

## Risk Assessment

Assess for risk of harm to self or others, neglect, or other safety concerns:

## Mental Status Examination (MSE)

Appearance/demeanor:

Speech/thought process:

Mood/affect:

Cognition/memory:

Insight/judgment:

## Diagnosis (Provisional)

Primary and secondary diagnoses (DSM-5/ICD-10):

Treatment Plan / Recommendations

Interventions, medications, therapy, referrals, and follow-up:

Clinician Details

Clinician Name:

Signature:

Date: