Mental Health Patient Record Form Sample

This **mental health patient record form sample** provides a structured template for documenting patient information, treatment plans, and progress notes. It ensures comprehensive and organized data collection, facilitating effective communication among healthcare professionals. Utilizing this form enhances patient care quality and supports accurate record-keeping.

1. Patient Information

Full Name		**Date of Birth**	
Gender	Select ▾	**Contact Number**	
Address			
Emergency Contact			

2. Presenting Issues

Describe the main issues for seeking treatment...

3. History

Medical History	
Psychiatric History	
Family History	
Substance Use	

4. Mental Status Examination

Appearance		**Behavior**	
Mood/Affect		**Thought Process**	
Speech		**Perception**	
Cognition			

5. Diagnosis (DSM-5 / ICD-10)

Enter diagnosis...

6. Treatment Plan

Outline goals, interventions, medications, etc...

7. Progress Notes

Document session details, patient progress, and follow-up recommendations...

8. Provider Information

Provider Name		**Date**	
Signature			

Outline goals, interventions, medications, etc...