

Psychiatric Mental Health Assessment Form

This **psychiatric mental health assessment form** sample provides clinicians with a comprehensive template to evaluate patients' mental health status efficiently. It facilitates the systematic collection of psychological, behavioral, and emotional information essential for accurate diagnosis and treatment planning. Utilizing this standardized form ensures thorough assessments and improved patient care outcomes.

Patient Information

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Assessment Date	<input type="text"/>	Clinician	<input type="text"/>
MRN/ID	<input type="text"/>	Contact Information	<input type="text"/>

Presenting Problem(s)

History of Present Illness

Past Psychiatric History

Medical History

Medications

List all current medications and dosages

Substance Use History

Family Psychiatric History

Social History

Include education, occupation, relationships, living situation

Mental Status Examination

Appearance	
Behavior	
Mood/Affect	
Speech	
Thought Process	
Thought Content	
Perceptions	
Cognition	
Insight/Judgment	
Risk Assessment	Suicidality, homicidality, etc.

Diagnosis (DSM-5/ICD-10)

List primary and secondary diagnoses

Treatment Plan/Recommendations

Outline plan for medications, therapy, referrals, etc.

Clinician Signature