

# Emergency Mental Health Assessment Form

This **emergency mental health assessment form** sample is designed to streamline the evaluation process in hospitals, ensuring timely and accurate identification of patients' mental health needs. It includes critical sections for patient history, current symptoms, and risk assessment to facilitate immediate care planning. Hospitals can customize this form to improve communication among healthcare providers and enhance patient safety during emergency interventions.

Patient Information

Full Name:

Date of Birth:

Medical Record Number:

Date/Time of Assessment:

Presenting Problem(s)

Describe the reason(s) for this assessment...

Patient History

Psychiatric History:

Medical History:

Current Medications:

Current Symptoms

☐ Depression

☐ Anxiety

☐ Psychosis

☐ Mania

☐ Substance Use

☐ Other (specify below)

Specify other symptoms, if any

Risk Assessment

Suicidal Ideation:

Select...▼

Homicidal Ideation:

Select...▼

History of Violence:

☐

Self-Harm Behavior:

☐

Additional Risk Notes:

Mental Status Examination

Appearance:

Behavior:

Mood/Affect:

Thought Process/Content:

Insight/Judgment:

Assessment & Plan

Summary/Impression:

Immediate Care Plan:

Clinician Information

Name:

Title/Role:

Signature:

Assessment Date/Time:

Submit Assessment