Printable Mental Health Assessment Form

This **Printable Mental Health Assessment Form** sample PDF provides a comprehensive tool for evaluating mental well-being efficiently. Designed for easy use, it facilitates thorough documentation of psychological conditions and symptoms. Ideal for healthcare professionals, this form supports accurate diagnosis and effective treatment planning.

Patient Information

Full Name:

Date of Birth:

Gender:

-- Select --

Contact Number:

Assessment Details

Date of Assessment:

Clinician Name:

Reason for Assessment:

Presenting Symptoms

Symptom	Present	Severity (1-10)
Depressed Mood	☐	
Anxiety	☐	
Sleep Disturbance	☐	
Appetite Changes	☐	
Loss of Interest	☐	
Other Symptoms		

Mental Status Examination

Appearance & Behavior:

Mood / Affect:

Thought Content:

Cognition:

Risk Assessment (Suicide/Self-harm/Others):

Diagnosis (Provisional)

Diagnosis:

Treatment Plan / Recommendations

Clinician Signature:

Date: