

Comprehensive Mental Health Assessment Form (Adults)

This **comprehensive mental health assessment form** sample for adults is designed to systematically evaluate emotional, psychological, and social well-being. It gathers detailed patient history, symptomatology, and mental status to aid in accurate diagnosis and treatment planning. Utilizing this form ensures thorough and standardized assessments for effective mental health care.

I. Patient Information

Full Name:

Date of Birth:

Gender:

 Select ▾

Contact Information:

Assessment Date:

II. Presenting Concerns

Describe your main reason(s) for seeking an assessment:

III. Psychiatric & Medical History

Previous psychiatric diagnoses/treatments/hospitalizations:

Current medical conditions / relevant medical history:

Current medications (mental health and other):

IV. Social History

Living situation/Support system:

Employment/Education status:

Significant relationships (family, relationships, friendships):

Substance use history (alcohol, drugs, tobacco):

V. Symptom Checklist

Please check symptoms that apply:

Anxiety

Depression

Sleep Problems

Appetite Changes

Low Energy

Mania/Elevated Mood

Hallucinations/Delusions

Trauma/Flashbacks

Self-harm/Suicidal thoughts

Other:

VI. Mental Status Examination (MSE)

General Appearance:

Behavior and Psychomotor Activity:

Speech:

Mood and Affect:

Thought Process/Content:

Perception:

Cognition (orientation/attention/memory):

Insight and Judgement:

VII. Risk Assessment

Any current thoughts of self-harm or suicide? (Describe):

Any thoughts of harming others? (Describe):

VIII. Summary & Plan

Provisional diagnosis/es:

Recommended treatment plan:

IX. Clinician Information

Clinician Name:

Credentials/Title:

Signature:

Date:

Submit Assessment