

# 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:**

**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