

Medical Record Form: Mental Health Assessment

This **medical record form** sample is designed specifically for mental health assessments, ensuring accurate and comprehensive documentation. It helps healthcare providers systematically record patient history, symptoms, and treatment plans. Utilizing this form enhances the efficiency and quality of mental health evaluations.

I. Patient Information

Full Name:

Date of Birth:

Gender:

Contact Information:

II. Presenting Problem

Chief Complaint / Reason for Visit:

Onset and Duration:

Severity:

Select

III. Mental Status Examination

Appearance & Behavior:

Mood & Affect:

Thought Process/Content:

Orientation (Person, Place, Time):

Memory & Concentration:

Judgement & Insight:

IV. Psychiatric & Medical History

Previous Psychiatric Diagnoses/Treatments:

Medical History:

Medications (current and past):

V. Social History

Occupation/School:

Family & Relationships:

Living Situation:

Substance Use (Alcohol, Drugs, Tobacco):

VI. Risk Assessment

Suicidal Ideation/Behavior:

Homicidal Ideation/Behavior:

Self-harm Behavior:

VII. Diagnosis & Plan

Diagnosis (DSM-5/ICD-10):

Treatment Plan/Recommendations:

Follow-up Plan:

VIII. Provider Information

Provider Name:

Date of Assessment:

Provider Signature:

