

**MENTAL EXAMINATION**

**NAME** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Past Psychiatric History:** \_\_\_\_\_

General Behaviour & Appearance:

Speech: \_\_\_\_\_

Mood: (Objective & Subjective); Rate 1 \_\_\_\_\_ 10,

Sad Happy Crying Irritability

Suicide \_\_\_\_\_

Delusions & Misinterpretations: \_\_\_\_\_

Hallucinations:

Auditory: \_\_\_\_\_

Visual: \_\_\_\_\_

Compulsive Phenomena: \_\_\_\_\_

General Information Fund: \_\_\_\_\_

Intelligence: \_\_\_\_\_

Proverb Interpretation: \_\_\_\_\_

Concentration: \_\_\_\_\_

Memory: \_\_\_\_\_

Psychomotor Functioning: \_\_\_\_\_

**Functional:**

Appetite: \_\_\_\_\_ Sleep: \_\_\_\_\_

Weight: \_\_\_\_\_ Energy: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_