

MENTAL STATE EXAMINATION

Client Name: _____ D.O.B: _____ Date: _____

Appearance

(Physical appearance? [age, gender, race/ethnicity, posture, grooming, clothing, signs of AOD use, nutritional status])

Behaviour

(General behaviour? Behaviour to situation and to examiner? [angry/hostile, unco-operative, withdrawn, inappropriate, fearful, hypervigilant])

Speech

(Rate, volume, tone, quality and quantity of speech?)

Language (form of thought)

(Incoherence/illogical/irrelevant thinking? Amount? Rate?)

Mood and affect

(How does the client describe his/her emotional state [mood]? What do you observe about the person's emotional state [affect]? Are these two consistent and appropriate?)

Thought content

(Delusions, suicidality, paranoia, homicidality, depressed/anxious thoughts?)

Perception

(Hallucinations? Depersonalisation? Derealisation?)

Cognition

(Level of consciousness? Attention? Memory? Orientation? Abstract thoughts? Concentration?)

Insight and judgement

(Awareness? Decision making?)
