

MENTAL STATUS:		[WNL = Within Normal Limits]
Appearance/Hygiene:	<input type="checkbox"/> WNL <input type="checkbox"/> Disheveled <input type="checkbox"/> Poor hygiene	
Behavior:	<input type="checkbox"/> WNL <input type="checkbox"/> Uncooperative <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Withdrawn <input type="checkbox"/> Aggressive/agitated <input type="checkbox"/> Intrusive <input type="checkbox"/> Pacing <input type="checkbox"/> Talks/smiles/laughs to self <input type="checkbox"/> Other (specify):	
Speech:	<input type="checkbox"/> WNL <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Slow <input type="checkbox"/> Soft <input type="checkbox"/> Other (specify):	
Mood/Affect:	<input type="checkbox"/> WNL <input type="checkbox"/> Depressed <input type="checkbox"/> Angry/irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Flat/blunted <input type="checkbox"/> Tearful <input type="checkbox"/> Constricted/restricted <input type="checkbox"/> Labile <input type="checkbox"/> Other (specify):	
Perceptual Process:	<input type="checkbox"/> WNL Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Command in nature <input type="checkbox"/> Visual <input type="checkbox"/> Other (specify):	
Thought Process:	<input type="checkbox"/> WNL <input type="checkbox"/> Loose <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Disorganized <input type="checkbox"/> Thought blocking	
Thought Content:	<input type="checkbox"/> WNL <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation Delusions: <input type="checkbox"/> Paranoid/persecutory <input type="checkbox"/> Grandiose <input type="checkbox"/> Religious <input type="checkbox"/> Nihilistic <input type="checkbox"/> Somatic <input type="checkbox"/> Erotomanic	
Insight:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Memory: <input type="checkbox"/> WNL Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote
Judgment:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Oriented X 4 OR NOT Oriented to <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation
DIAGNOSTIC IMPRESSION (see Diagnosis form in chart for client's official diagnosis): "P" after principal diagnosis if not listed first		

ICD-10 Code	ICD-10 Name
— — — — —	_____
— — — — —	_____
— — — — —	_____
— — — — —	_____

TREATMENT PLAN / RECOMMENDATIONS:

ADULT PSYCHIATRIC EVALUATION San Bernardino County DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information See W&I Code 5328	NAME: DOB: CHART NO: PROGRAM:
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