**Mental State Examination Template**

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| **Date of Referral** |  | **NHS number** |  |
| **Title** |  | **Gender** |  |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | **Ethnicity** |  |
| **Address** |  |
| **Home Phone** |  |
| **Mobile** |  |
| **Marital Status** |  | **Children under 18 at home?** |  |
| **Primary language** |  | **Interpreter required?** |  |
|  |  |
| **GP Name** |  | **GP Phone** |  |
| **GP Address** |  |
|  |  |  |  |  |  |
| **Risk factors *(please mark those involved and expand upon if present)*** | *Self-Harm* | *Please write a brief summary clarifying risk factors:* |
| *Previous Suicide Attempt* |
| *Domestic Abuse* |
| *Forensic History* |
| *Drug / Alcohol Use* |
| *Social Circumstances* |
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| **Mental State Examination** |
| **Appearance and Behaviour***E.g.* *how they are dressed / appearance, personal hygiene, rapport, eye contact, attitude, abnormal movements* |  |
| **Speech***E.g. speech disorders, patterns, rate, tone and volume. Language used* |  |
| **Mood and Affect***E.g. what does the patient think of their own mood and what do you think of their mood. How is their affect - blunted, exaggerated or in between* |  |
| **Thought Process***E.g. form and flow of thought. Flight of ideas or lack of ideas. Tangential thinking* |  |
| **Thought Content***E.g. form and flow of thought. Flight of ideas or lack of ideas. Tangential thinking.* |  |
| **Perceptions***E.g. any hallucinations, illusions or pseudo-hallucinations. Other sensory abnormalities.* |  |
| **Cognition***E.g. orientation to time, place and person. Can progress up to an AMTS or MMSE / MOCA if needed* |  |
| **Insight***E.g. patients understanding of their own mental illness / current condition* |  |
|  |  |  |
| **Additional Information** | *Please include any additional information here:* |