

Mental Health Nursing Evaluation Form

General Information

Patient Name

Date of Birth

Evaluation Date

Patient ID

Gender

Presenting Complaints

Mental Status Examination

General Appearance

Behavior

Speech

Mood/Affect

Thought Process/Content

Perception

Cognition

Judgment/Insight

Risk Assessment

- ☐ Suicidal Ideation
- ☐ Homicidal Ideation
- ☐ Self-Harm
- ☐ Violence/Aggression

Comments

Nursing Diagnosis / Problems Identified

Plan/Interventions

Evaluation / Outcomes

Nurse Name

Signature

Date