

# Mental Health Nursing Evaluation Form

## General Information

Patient Name

Date of Birth

Evaluation Date

Patient ID

Gender

Select

## 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**

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Nurse Name

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Signature

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Date