

Mental Health Nursing Evaluation

Patient Name

Date of Birth

Evaluation Date

Presenting Problem / Reason for Evaluation

Relevant History (Medical, Psychiatric, Social)

Assessment

Appearance & Behavior

Mood & Affect

Speech

Thought Process/Content

Risk Assessment (Suicidal/Homicidal Ideation, Self-harm, etc.)

Provisional Diagnosis

Care Plan / Interventions

Evaluation / Progress Notes

Nurse Name

Signature

Date