

Psychologist Consultation / Follow-Up

Patient Name:

Facility:

Date:

Subjective (Chief Complaints, Presenting Problems, and History):

Mental Status Examination

Objective (Staff/Other Sources Reported):

Aggressive Behavior: ☒ Physical ☒ Verbal ☒ Gestures ☒ Threatening Behaviors

General Appearance: ☒ Well Groomed ☒ Fairly groomed ☒ Poorly groomed ☒ Disheveled

Treatment & Compliance: ☒ Acceptable ☒ Low Motivation ☒ Resistive ☒ Argumentative ☒ Exit Seeking

Inappropriate Behavior: ☒ Inappropriate Behavior <<Inappropriate Behavior notes here>>

Attitude: ☒ Cooperative ☒ Uncooperative ☒ Marginally Cooperative ☒ Other <<Attitude notes here>>

Speech: ☒ Intact ☒ Pressured ☒ Hyperverbial ☒ Loud ☒ Slow ☒ Unintelligible

☒ Yelling Out ☒ Perseverative

Verbal Abilities: **Receptive Language:** ☒ Sufficient ☒ Impaired **Expressive Language:** ☒ Sufficient ☒ Impaired