

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 ☒ <<Aggressive behavior notes here>>

General Appearance:

Well Groomed ☒ Fairly Groomed ☒ Poorly Groomed ☒ Disheveled ☒ <<General appearance notes here>>