

Mental Health Assessment

Name: _____

Complete the following information about one client as you are able. This will vary with individual clients and clinical sites. You may indicate that you were unable to assess part of the exam and document how you would assess the area. No client name or initials can be used on any paperwork. This MHA is due the second day of the clinical rotation. If you are absent at the clinical site the second day of your rotation, turn in the assignment prior to ending your clinical rotation.

Date of Admission:

Date of Care:

Age/Sex:

Psychiatric Diagnosis:

Mental Health Assessment (See Neeb's Text pages 91-93)

Appearance

Behavior

Level of Awareness

Orientation

Thinking/Content of Thought

Memory

Speech and Ability to Communicate

Mood and Affect

Abstract Thinking/Judgement

Perception

You must have a conversation with a client. It may be between group meetings or while playing a game.