MENTAL HEALTH ASSESSMENT

Mental Health Assessment of [ name ]

Interview was conducted by [Clinician] on [Date] at A&PI Wellness Center.

The client is a [age/race/gender identity]

**PRESENTING PROBLEM(S)**:

**PSYCHOSOCIAL HX:**

**SUBSTANCE USE:**

**MEDICAL:**

**MENTAL STATUS EXAM:**

APPEARANCE:

SPEECH:

EYE CONTACT:

MOTOR ACTIVITY (MOVEMENT):

MOOD/AFFECT:

ORIENTATION:

MEMORY:

THOUGHT PROCESS/CONTENT:

HALLUCINATIONS/ILLUSIONS:

S/H IDEATION:

BEHAVIOR:

INSIGHT:

JUDGEMENT:

**MOCA Score**:

**PHQ-90 Score:**

**TREATMENT/SERVICE RECOMMENDATIONS**:

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>