



Psychiatric Report:
Mental State Exam of Patient(Shortened)

Name of Patient:.....

Date of Birth/ID no:.....

Name of clinic:.....

Medication:(Please supply copy of prescription).....
.....
.....

Any known Side effects:.....

Last clinic attendance:.....

Diagnose: /According to ICD 10F19.5

Axis	1	
	2	
	3	
	4	
	5	

(Please answer the following questions with as much detail as possible, where necessary.)

Premorbid personality and Functioning

1.1. How would you describe your patient's personality?



1.2. How does the family of the patient describe his personality?

Four horizontal lines for writing the answer to question 1.2.

1.3. In your opinion, what are some of your patient's strengths and weaknesses?

<u>Strenghts:</u>	<u>Weakness:</u>

1.4. Please rate your patient on the following scale. Please indicate with a *Tick/X*

	Please indicate		Please indicate
Introvert		Extrovert	
Domineering		Submissive	
Cheerful		Somber/ gloomy/ melancholy	
Light Hearted		Serious	
Optimistic		Pessimistic	
Passive		Active	
Easy-going		Sensitive/touchy	
Relaxed/calm		Anxious/tense	

1.5. Please indicate with an **X**

Temperament	Consistent		Changeable	
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1.6. What is the patient's relationship like with?:



1.6.1. Subordinates?

1.6.2. Superiors?

1.7. Please indicate with an X

Control of emotions	None		Little		Moderate		Stable	
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Section 2:

1. General Appearance:

1.1. Appearance: (e.g. Dress style, neatness, etc).

1.2. Psychomotor activity: (e.g. calm, fidgety, psychomotorically retarded, tics, mannerisms, stereotyped behavior,) etc.

1.3. Attitude: (e.g. Cooperative, pessimistic, aggressive/troubled, attentive, detached)

1.4. Contact: (e.g. warm, "absent", cold)

2. Mood and Affect

2.1. What is the patient's mood and affect? (Referring to pervasive and sustained Emotional well-being or lack of it).



3. Perception

3.1. Has the patient presented with any *illusions* recently?

3.2. Has the patient presented with any *Hallucinations* recently?

3.3. Has the patient experienced any form of *derealisation* or *depersonalization* recently?

4. Thought Process: Form and Contend

4.1) Can the patient perceive and interpret the information correctly and thereafter formulate this info using speech?

Form

4.2.) Quantity of speech?

4.3.) Speech Rate

4.4.) Speech Volume

5.Thought Process: Content

5.1. Is the patient in contact with reality or are there any **delusions** (false, fix believes not consistent with reality)?



5.2. Any **overhauled ideas, obsessions** or **phobias**?

5.3. Ask about patients **drive, energy, initiative** and **perseverance**?

5.4. Whether the patient feels anxious?

5.4.1 Real danger or reaction to stress (normal anxiety or adjustment disorder with anxiety)

5.4.2. Situations or activities perceived or anticipate as dangerous

5.4.3. Obsessive Thoughts

5.4.4. Recollection or associated with previous serious emotional and/or physical trauma

5.5. **Physiological functions**

a. Sleep.....

b. Appetite.....

c. Weight patterns.....

d. Libido.....

5.6. **Judgment** and **Insight**

Name:.....

Signature:.....

Rank:.....

Date:.....

