

Mental Health Nursing Assessment Sheet

Client Name

Date of Assessment

MRN / ID

Assessor

Presenting Problem/Reason for Assessment

History of Present Illness

Past Psychiatric History

Medical History

Current Medications

Allergies

Family History

Social History

Substance Use

Risk Assessment (Suicide, Self Harm, Violence, etc.)

Mental State Examination

Appearance & Behavior	
Speech	
Mood/Affect	
Thought Process	
Thought Content	
Perception	
Cognition	
Insight/Judgment	

Formulation/Impression

Plan

Nurse Signature

Date

