

Geriatric Mental Health Assessment

Patient Information

Full Name

Date of Birth

Gender

Contact Information

Assessment Details

Referring Physician

Assessment Date

Presenting Concerns

Summary

History

Psychiatric History

Medical History

Current Medications

Substance Use

Family Psychiatric History

Social History

Mental Status Examination

Appearance & Behavior

Mood

Affect

Speech

Thought Process

Thought Content

Perceptions

Cognition

Insight

Judgment

Risk Assessment

Risks

☐ Self-harm ☐ Suicide ☐ Violence ☐ Self-neglect

Risk Notes

Summary and Plan

Summary

Plan / Recommendations