



Board of Probation and Parole Forensic Social Work Program Mental Status Exam Form



Instructions for completing the **Mental Status Exam Form**: Offenders who are referred to the FSW due to a crisis situation or mental health issues, will complete a mental status form to assess mental health status and to rule out suicidal and/or homicidal tendencies. The FSW will complete the *Mental Status Exam Form* and determine the appropriate intervention services and/or referral. The mental status must be Typed or Printed (INK only) neatly, in its entirety. The mental status form must be retained in the FSW case file. Any current or past Medical, Legal, or Mental Health issues, that require releases of information must be sent to the appropriate providers, by the referring agency. Please note: referrals must be initiated by the PPO or the Board. **When entering online: Save the form to a file, then click once in box to enter data—double click on X boxes, select checked, then OK, then click anywhere outside of box to continue. Save to online file and print for case file.**

OFFENDER DEMOGRAPHICS

Offender Name: <i>(First, Middle and Last)</i>		Mobile Crisis Contacted: Y <input type="checkbox"/> N <input type="checkbox"/>	
TOMIS ID#:	Date of Birth:	<i>(mm/dd/yyyy)</i>	Age:
Address:	City:	State:	ZIP Code:
Phone Number:	Cell/Phone Number:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Probation/Parole Officer Name:		Referral Date:	Intake Date:
Reason for Referral:	Emergency Contact Name:		
Emergency Contact Number:	FSW Name:		

APPEARANCE/PRESENTATION

Disheveled Bizarre Seductive Poor Hygiene Underweight Overweight
 Looks Age Looks Older than age Unsteady gait Good eye Contact Poor eye contact
 Clean/Neat Unkempt/Messy Overly Dressed

Body Posture:

Open Closed Relaxed Rigid Other:

ORIENTATION/CONSCIOUSNESS

Alert Oriented x 4
Disoriented: Person Place Time Situation
 Clouded Hypervigilant Drowsy Intoxicated

Offender Name: _____ **TOMIS #:** _____

BEHAVIOR/ATTITUDE

- Cooperative Uncooperative Agitated Combative Hostile/Threatening
- Demanding Impulsive Cautious Suspicious Guarded Withdrawn
- Resistant Avoidant Evasive Ingratiating Ambivalent Manipulative
- Seductive Shy Assertive Passive Defensive Distracted Self-depreciating
- Other:

AFFECT/MOOD

- Appropriate to thought content Discordant w/ thought process Constricted Flat
- Blunted Labile Dysphoric (Depressed, Irritable, Anxious, Angry) Elevated (Hypo, Manic)
- Euphoric/Expansive Frightened Suspicious Other:

THOUGHT PROCESS/PERCEPTIONS

- Logical/Rational Disorganized Circumstantial Blocking Repetitive
- Slow Flight of ideas Optimistic Abusive Critical (self/others)
- Depersonalizations
- Delusions:**
- Ideas of References Paranoid Ideations Persecutory Magical thinking
- Mood congruent Mood incongruent Other:
- Hallucinations:**
- Command Visual Auditory Tactile
- Mood congruent Mood incongruent Other:

MOTOR & SOMATIC FUNCTIONING

- Psychomotor retardation Psychomotor agitation Involuntary movements Chronic pain
- Multiple physical complaints Crying Decreased appetite Increased appetite
- Binges/Purging Weight gain or loss Insomnia Head Trauma (TBI)
- Other:

MEMORY/CONCENTRATION

- Impaired memory Recent memory immediate memory remote memory
- Poor concentration Short attention span Easily distractible Increased appetite

PREOCCUPATION

- Somatic Guilt Finances Insomnia Anger Marriage Relationships
- Other:

Offender Name:

TOMIS #:

SPEECH

- Logical Abrupt changes Brief restricted Slow slurred Rapid
- Pressured Rhyming Dramatic Rambling Mute
- Loud Soft Inaudible Monotone
- Stutter Other:

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SUICIDAL THOUGHTS/INJURIOUS BEHAVIORS

- Denies Present Within past 24-hours Within past week
- Cutting Burning Where: Contract for Safety
- Does not have contract for Safety Other:

PREVIOUS SUICIDE ATTEMPTS

- Denies Within 3 months More than 3 months More than 6 months
- Precipitating events:
- No family history Family history Relative Less than two years ago

Comment:

SUICIDE METHODS

- Hanging Overdosing Carbon Monoxide Cutting self
- Car crash Drowning Shooting self Jumping Poison Other:

SUICIDE RISK

- Ideation Present Intent Plan Means/Opportunity
- Plan:
- Means:
- Low Risk Moderate Risk High Risk Comments:

HISTORY/ASSAULTIVE BEHAVIOR

- N/A Ideations Intent Plan
- Means Assault charges:
- Command Hallucinations present Paranoid ideations present History cruelty to animals
- AOD current use AOD past use Other:

Offender Name:

TOMIS #:

HOMOCIDAL THOUGHTS/PLAN

Denies Present Within past 24-hours Within past week

Cutting Burning Thoughts directed towards:

Denies Plan Access to Guns Access to Knives Poison

Prior Physical attack Access to victim Physical attack

Precipitating event for homicidal tendencies:

HOMOCIDAL RISK:

Low Risk Moderate Risk High Risk Comments:

Offender Compliant with giving intended victims contact information

Yes No Comments:

OBSERVATIONS

Observation Summary:

Forensic Social Worker Signature

Date: