

MENTAL HEALTH RICHMOND MHES ASSESSMENT

Name:	Team:	
DOB:	Age:	PARIS ID:
Gender:		PHN:

Header Details

Date Started:	End Date:
Carried Out By:	Assessment ID:
Recorded By:	Assoc. Referral ID:

GP

Family Doctor:

Periods in Hospitals and Clinics

From	To	Hospital
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Physical Description

Hair Colour: Eye Colour: Ethnicity:

Distinguishing marks, scars or tattoos:

Vital Signs

Temp: ° Celsius Pulse: Resp: BP: / Uncooperative: ☐

Medications

Medications: ☐ Yes ☐ No Comments:

Allergies - Current

Content may have been entered/updated after assessment completed.

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
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Mental Status Exam

Oriented x 3 ☐ Yes ☐ No

Presentation

Appearance: ☐ Clean and tidy ☐ Unkept/Soiled ☐ Appropriate attire

Comments

Health Aids: ☐ Hearing aid(s) ☐ Glasses ☐ Cane

Comments

Mood and Affect

Depressed ☐ Lonely ☐

Elated/euphoric ☐ Overwhelmed ☐

Anxious/worried ☐ Fearful/suspicious ☐

Hopeless/worthless ☐ Agitated/aggressive/hostile ☐

Comments

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Elopement Risk

☐ High ☐ Medium ☐ Low ☐ None

History of Violence

Toward Self (suicidal)

☐ History
☐ Plans/methods
☐ Ability to carry out plan

Toward Others (homicidal)

☐ History
☐ Plans/methods
☐ Ability to carry out plan

Perceptions

Hallucinations

N/A	<input type="checkbox"/>	Olfactory	<input type="checkbox"/>
Auditory	<input type="checkbox"/>	Tactile	<input type="checkbox"/>
Visual	<input type="checkbox"/>	Gustatory	<input type="checkbox"/>
Comments			

Thought Content and Process

Cognition

Thought blocking	<input type="checkbox"/>	Flight of ideas	<input type="checkbox"/>
Tangential	<input type="checkbox"/>	Thought insertion	<input type="checkbox"/>
Paranoid	<input type="checkbox"/>	Ideas of reference	<input type="checkbox"/>
Preservation	<input type="checkbox"/>	Circumstantiality	<input type="checkbox"/>
Loose associations	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Speech

Quality:	<input type="checkbox"/> Normal	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile/animated	
Rate:	<input type="checkbox"/> Normal	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Speeded
Volume:	<input type="checkbox"/> Normal	<input type="checkbox"/> Low	<input type="checkbox"/> High	
Clarity:	<input type="checkbox"/> Normal	<input type="checkbox"/> Slurred	<input type="checkbox"/> Clear	

Memory

Immediate:	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Recent:	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Remote:	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor

Judgement/Insight ☐ Satisfactory ☐ Poor

Concentration ☐ Satisfactory ☐ Poor

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Delusions

N/A	<input type="checkbox"/>	Persecutory/Paranoid	<input type="checkbox"/>
Command	<input type="checkbox"/>	Somatic	<input type="checkbox"/>
Grandiose	<input type="checkbox"/>	Other	<input type="checkbox"/>
Religious	<input type="checkbox"/>		

If Other, please specify:

Activities of Daily Living

Alteration in Hygiene ☐

Comments:

Alteration in Appetite ☐

Comments:

Alteration in Sleep ☐

Comments:

Alteration in Activities ☐

Comments:

Psychosocial History

Childhood History

Employment/Educational History

Financial Status

Marital History

Marital Status How long?

Residence

Household Residential Hx

House type

Comments

Criminal/Legal History

Is there any legal or criminal history that we should know about that might pertain to your current health needs?

☐ Unknown ☐ None ☐ Yes

Comments

Religious Affiliation/Practices

Religion

Comments

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Drug and ETOH History

☐ Unknown ☐ None ☐ Yes

If yes:

How much

What substance(s)

Last usage

Mental Health and Safety Factors

☐ Section 24-MHA
☐ Certified
☐ Placed in hospital attire
☐ Placed in Seclusion
☐ Physically restrained
☐ Observation ☐ q 15 min ☐ Other

Personal Effects

☐ With patient
☐ In ER Psych locker
☐ In safekeeping
☐ With friend/family
☐ Other

Notes

Copies To Be Sent To

Authorization Details

Carried Out By: Date:

Authorized by: Date:

Notes:

Casenote (may have been added after assessment authorized)

----- End of Report -----