

Mental Health Checklist

Here's a list of points to keep in mind when reaching out to CPAN to ensure your patients receive the most appropriate care for their needs.



Is the patient currently involved in treatment with a mental health professional?



Does the patient have a diagnosis from a mental health professional?



Is the patient currently on any psychiatric medication?



Has the patient had treatment for mental health issues in the past?

If so, what types of treatment were most successful?



How long has the presenting concern been present?

How often is the presenting concern occurring?

MSE - Mental Status Exam

When reaching out to CPAN, keep this information in mind.

In urgent cases, a quick MSE will help the Behavioral Health Specialists at your local CPAN hub give you best advice for your patient's mental health needs

Appearance	<input type="checkbox"/> Casual dress, normal grooming and hygiene	<input type="checkbox"/> Other: _____
Attitude	<input type="checkbox"/> Calm and Cooperative	<input type="checkbox"/> Other: _____
Behavior	<input type="checkbox"/> No unusual movements or psychomotor changes	<input type="checkbox"/> Other: _____
Speech	<input type="checkbox"/> Normal rate/tone/volume without pressure	<input type="checkbox"/> Other: _____
Affect	<input type="checkbox"/> Reactive and mood congruent <input type="checkbox"/> Labile <input type="checkbox"/> Tearful <input type="checkbox"/> Blunted <input type="checkbox"/> Other: _____	<input type="checkbox"/> Normal Range <input type="checkbox"/> Depressed <input type="checkbox"/> Constricted <input type="checkbox"/> Flat
Mood	<input type="checkbox"/> Euthymic <input type="checkbox"/> Irritable <input type="checkbox"/> Elevated <input type="checkbox"/> Other: _____	<input type="checkbox"/> Anxious <input type="checkbox"/> Depressed
Thought Process	<input type="checkbox"/> Goal-directed and logical <input type="checkbox"/> Other: _____	<input type="checkbox"/> Disorganized
Thought Content	Suicidal Ideation <input type="checkbox"/> None <input type="checkbox"/> Active: <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Means <input type="checkbox"/> Delusions <input type="checkbox"/> Phobias <input type="checkbox"/> Other: _____	Homicidal Ideation <input type="checkbox"/> None <input type="checkbox"/> Active: <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Means <input type="checkbox"/> Obsessions/compulsions
Perception	<input type="checkbox"/> No Hallucinations <input type="checkbox"/> Other: _____	
Orientation	<input type="checkbox"/> Time <input type="checkbox"/> Place	<input type="checkbox"/> Self <input type="checkbox"/> Person <input type="checkbox"/> Other: _____
Concentration/Memory	<input type="checkbox"/> Short Term <input type="checkbox"/> Long Term	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Distractible
Insight/Judgement	<input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor