Alcohol abuse	Yes/(No)
Drug abuse	Y/(N)
Previous mental health contact	(Y)/N
Previous mental health diagnosis	Y/(N)
Previous deliberate self harm	Y/(N)
Ongoing treatment	Y/(N)
Psychotropic medication	Y/(N)

? 1st CFH

MENTAL STATE ASSESSMENT

Can I get an adequate history? (Y)/N
If no. specify reason

Orientation Time: } Yes
Place:
Person:

Glasgow Coma Score: 15 /15

Evidence of self neglect Y/(N)

Behaviour :
Bizarre Aggressive Psychomotor retarded

Mood

Hallucinations (Y)/N

Delusions Y/(N)

Disordered thinking Y/(N)

Ongoing suicidal ideation Y/(N)

PLEASE USE BOXES FOR SUPPLEMENTARY INFORMATION

Date 13/8/12

Time 15.55

Signature

NHS 434-096-1671 MRN 26181654
CC.ROELL, Simon, P 26-JAN-1981
Miss
23 Byron Terrace
Hertford Road
Edmonton
London
N9 7DG