Mental Health Check-in Worksheet

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Address: _____

Phone Number: _____ Email: _____

HEALTH INFORMATION

Primary Care Physician: _____

Current Medications (if any):

Allergies (if any):

Emergency Contact: _____ Relationship to Patient: _____

Phone Number: _____

Instructions: This worksheet is designed to help you visually represent your current feelings and outline actionable steps to achieve those goals. Please take the time to reflect on your mental well-being and consider what areas you would like to improve. Your healthcare provider will work with you to develop a plan that supports your mental health goals.

SECTION 1: REFLECTION ON CURRENT MENTAL HEALTH

Rate your overall mood in the past week on a scale of 0 to 10, with 0 being extremely low and 10 being extremely high.

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

0 1 2 3 4 5 6 7 8 9 10

Select the emoticon(s) that best represent how you feel at the moment. If it's not found below, draw on the blank faces.

- ☐ Happy
- ☐ Sad
- ☐ Angry
- ☐ Worried
- ☐ Relieved

What are the primary challenges or concerns affecting your mental health at the moment?

What aspects of your mental health do you feel are currently strong or resilient?

SECTION 2: IDENTIFYING MENTAL HEALTH GOALS

List three specific mental health goals you would like to achieve in the next 3-6 months.

SECTION 3: BREAKING DOWN GOALS INTO ACTION STEPS

For each goal, outline three actionable steps you can take to work towards it.

SECTION 4: SEEKING SUPPORT AND RESOURCES

Identify the people or resources you can turn to for support in achieving your mental health goals.

SECTION 5: REGULAR REVIEW AND ADJUSTMENT

Rate your overall mood at the time of goal setting on a scale of 0 to 10.

0 1 2 3 4 5 6 7 8 9 10

Draw emoticon(s) that best represent how you feel after setting your goals:

Plan a date for reviewing your progress on these goals. Consider adjustments or modifications as needed.

Review Date: _____ dd / mm / yyyy **Date of Completion:** _____ dd / mm / yyyy

Disclaimer: This worksheet is a tool for self-reflection and is not a substitute for professional mental health advice. Please consult with your healthcare provider for guidance on your mental health goals.