



Organization Name:	Program Name:	Date:
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Individual's Name (First MI Last):	Record #:	DOB:
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MENTAL STATUS EXAM (MSE)

General Observations

Appearance	<input type="checkbox"/> WNL <input type="checkbox"/> Well Groomed <input type="checkbox"/> Unkempt <input type="checkbox"/> Disheveled <input type="checkbox"/> Appears younger than age <input type="checkbox"/> Appears older than age Comment/Other:
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Build/Stature	<input type="checkbox"/> WNL <input type="checkbox"/> Thin <input type="checkbox"/> Overweight <input type="checkbox"/> Short <input type="checkbox"/> Tall Comment/Other:
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Posture	<input type="checkbox"/> WNL <input type="checkbox"/> Slumped <input type="checkbox"/> Rigid <input type="checkbox"/> Tense <input type="checkbox"/> Atypical Comment/Other:
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Eye Contact	<input type="checkbox"/> Average <input type="checkbox"/> Avoidant <input type="checkbox"/> Intense <input type="checkbox"/> Intermittent Comment/Other:
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Activity	<input type="checkbox"/> WNL <input type="checkbox"/> Accelerated <input type="checkbox"/> Slowed <input type="checkbox"/> Stereotyped/Peculiar <input type="checkbox"/> Impulsive <input type="checkbox"/> Agitated Comment/Other:
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Attitude Toward Examiner	<input type="checkbox"/> Cooperative <input type="checkbox"/> Hostile <input type="checkbox"/> Defensive <input type="checkbox"/> Evasive <input type="checkbox"/> Anxious <input type="checkbox"/> Seductive <input type="checkbox"/> Mistrustful <input type="checkbox"/> Demanding <input type="checkbox"/> Manipulative <input type="checkbox"/> Ingratiating <input type="checkbox"/> Confused Comment/Other:
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Attitude Toward Parent/Guardian:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Positive interaction <input type="checkbox"/> Ignores Parents <input type="checkbox"/> Disrespectful <input type="checkbox"/> Demanding <input type="checkbox"/> Immature <input type="checkbox"/> Lack of spontaneity Comment/Other:
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Separation (for Children/Adolescent)	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unremarkable/age appropriate <input type="checkbox"/> Clingy to parent/guardian, but separates <input type="checkbox"/> Cannot separate <input type="checkbox"/> Disinhibited/does not care Comment/Other:
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Mood -	<input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Silly Comment/Other:
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Affect -	<input type="checkbox"/> Full <input type="checkbox"/> Constricted <input type="checkbox"/> Flat <input type="checkbox"/> Inappropriate <input type="checkbox"/> Labile Comment/Other:
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Speech -	<input type="checkbox"/> Clear <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Overproductive <input type="checkbox"/> Underproductive <input type="checkbox"/> Echolalic <input type="checkbox"/> Soft Comment/Other:
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Thought Process -	<input type="checkbox"/> Logical <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Loose <input type="checkbox"/> Racing <input type="checkbox"/> Incoherent <input type="checkbox"/> Concrete <input type="checkbox"/> Blocked <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Poverty of Content <input type="checkbox"/> Slowed Thinking Comment/Other:
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Perception	<input type="checkbox"/> WNL <input type="checkbox"/> Illusions <input type="checkbox"/> Depersonalization <input type="checkbox"/> Derealization <input type="checkbox"/> Reexperiencing Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Command <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile <input type="checkbox"/> Gustatory Comment/Other:
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Thought Content	<input type="checkbox"/> WNL <input type="checkbox"/> Preoccupations/Ruminations <input type="checkbox"/> Obsessional <input type="checkbox"/> Depressive <input type="checkbox"/> Paranoid <input type="checkbox"/> Self-Deprecatory <input type="checkbox"/> Grandiose <input type="checkbox"/> Phobic - Comment/Other:
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Delusions	<input type="checkbox"/> None reported <input type="checkbox"/> Control <input type="checkbox"/> Thought Withdrawal <input type="checkbox"/> Thought Insertion <input type="checkbox"/> Thought Broadcasting <input type="checkbox"/> Erotic <input type="checkbox"/> Persecution <input type="checkbox"/> Reference <input type="checkbox"/> Grandeur <input type="checkbox"/> Somatic <input type="checkbox"/> Religious Comment/Other:
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Risk Assessment	<input type="checkbox"/> None Reported or Observed OR: Danger To: <input type="checkbox"/> Self: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Attempt / <input type="checkbox"/> Others: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Attempt Comments:
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Cognition	<input type="checkbox"/> WNL OR Check all that apply below Impairment of: <input type="checkbox"/> Orientation <input type="checkbox"/> Memory <input type="checkbox"/> Attention/Concentration <input type="checkbox"/> Ability to Abstract <input type="checkbox"/> Fund of Knowledge <input type="checkbox"/> Visuospatial ability <input type="checkbox"/> Reading and Writing <input type="checkbox"/> Calculation Ability
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Intelligence Estimate -	<input type="checkbox"/> MR <input type="checkbox"/> Borderline <input type="checkbox"/> Average <input type="checkbox"/> Above Average
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Insight	<input type="checkbox"/> WNL <input type="checkbox"/> Mostly blames others for problems <input type="checkbox"/> Difficulty acknowledging presence of psychiatric problems
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Judgment	<input type="checkbox"/> WNL Impaired ability to make reasonable decisions: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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Elaboration on Positive Mental Status Findings:	
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Completed By - Print Name/Credentials:	Staff Signature:	Date:
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