Mental Status Exam (MSE) Form

*ZellaTemplate.com*

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting: ☐ Inpatient ☐ Outpatient ☐ Emergency ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

## General Appearance

Hygiene/Grooming: ☐ Good ☐ Fair ☐ Poor

Apparent Age: ☐ Appears stated age ☐ Younger ☐ Older

Dress: ☐ Appropriate ☐ Inappropriate ☐ Disheveled ☐ Bizarre

Notable Features: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence of injuries/scars: ☐ Yes ☐ No | Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Behavior

Eye Contact: ☐ Appropriate ☐ Poor ☐ Intense ☐ Avoidant

Cooperation: ☐ Cooperative ☐ Guarded ☐ Hostile ☐ Suspicious

Psychomotor Activity: ☐ Normal ☐ Agitated ☐ Restless ☐ Slowed ☐ Tics ☐ Tremors ☐ Rigidity ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

Mannerisms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Speech

Rate: ☐ Normal ☐ Pressured ☐ Slow

Volume: ☐ Normal ☐ Loud ☐ Soft

Tone: ☐ Normal ☐ Monotone ☐ Emotional

Fluency: ☐ Fluent ☐ Hesitant ☐ Slurred (dysarthria) ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

## Mood and Affect

Mood (subjective): “How do you feel today?”

Patient’s Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affect (objective): ☐ Appropriate ☐ Inappropriate ☐ Blunted ☐ Flat ☐ Labile ☐ Anxious ☐ Euphoric ☐ Irritable ☐ Agitated

Congruent with mood? ☐ Yes ☐ No

## Thought Process

☐ Logical ☐ Coherent ☐ Goal-directed

☐ Circumstantial ☐ Tangential ☐ Flight of ideas ☐ Loose associations

☐ Disorganized ☐ Blocking ☐ Perseveration ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

## Thought Content

Suicidal Ideation: ☐ Denied ☐ Present | Plan? ☐ Yes ☐ No

Homicidal Ideation: ☐ Denied ☐ Present | Plan? ☐ Yes ☐ No

Delusions: ☐ None ☐ Persecutory ☐ Grandiose ☐ Somatic ☐ Religious ☐ Referential ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

Obsessions/Compulsions: ☐ Yes ☐ No | Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Perception

Hallucinations: ☐ None ☐ Auditory ☐ Visual ☐ Tactile ☐ Olfactory ☐ Gustatory

Illusions: ☐ Yes ☐ No | Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Cognition

A. Alertness/Consciousness: ☐ Alert ☐ Lethargic ☐ Stuporous ☐ Unresponsive ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

B. Orientation: Person: ☐ Oriented ☐ Disoriented, Place: ☐ Oriented ☐ Disoriented, Time: ☐ Oriented ☐ Disoriented, Situation: ☐ Oriented ☐ Disoriented

C. Attention and Concentration: Tasks: ☐ Digit span ☐ Serial 7s ☐ Spell “world” backward

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Focus: ☐ Sustained ☐ Easily distracted

D. Memory: Immediate recall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Short-term memory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long-term memory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Abstract Reasoning: Similarities (e.g., apple and orange): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proverb interpretation (e.g., “Don’t cry over spilled milk”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Insight

☐ Good ☐ Fair ☐ Limited ☐ Poor

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Judgment

Scenario (e.g., “What would you do if you found a stamped envelope on the ground?”):

Patient’s Answer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History-based Assessment (e.g., medication adherence): ☐ Adequate ☐ Poor

## Additional Notes/Observations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_