

Brief Mental Status Exam (MSE) Form

1. Appearance	<input type="checkbox"/> <i>casual dress, normal grooming and hygiene</i> <input type="checkbox"/> <i>other (describe):</i>	
2. Attitude	<input type="checkbox"/> <i>calm and cooperative</i> <input type="checkbox"/> <i>other (describe):</i>	
3. Behavior	<input type="checkbox"/> <i>no unusual movements or psychomotor changes</i> <input type="checkbox"/> <i>other (describe):</i>	
4. Speech	<input type="checkbox"/> <i>normal rate/tone/volume w/out pressure</i> <input type="checkbox"/> <i>other (describe):</i>	
5. Affect	<input type="checkbox"/> <i>reactive and mood congruent</i> <input type="checkbox"/> <i>labile</i> <input type="checkbox"/> <i>tearful</i> <input type="checkbox"/> <i>blunted</i> <input type="checkbox"/> <i>other (describe):</i>	<input type="checkbox"/> <i>normal range</i> <input type="checkbox"/> <i>depressed</i> <input type="checkbox"/> <i>constricted</i> <input type="checkbox"/> <i>flat</i>
6. Mood	<input type="checkbox"/> <i>euthymic</i> <input type="checkbox"/> <i>irritable</i> <input type="checkbox"/> <i>elevated</i> <input type="checkbox"/> <i>other (describe):</i>	<input type="checkbox"/> <i>anxious</i> <input type="checkbox"/> <i>depressed</i>
7. Thought Processes	<input type="checkbox"/> <i>goal-directed and logical</i> <input type="checkbox"/> <i>other (describe):</i>	<input type="checkbox"/> <i>disorganized</i>
8. Thought Content	Suicidal ideation: <input type="checkbox"/> <i>None</i> <input type="checkbox"/> <i>passive</i> <input type="checkbox"/> <i>active</i> If active: yes no plan <input type="checkbox"/> <input type="checkbox"/> intent <input type="checkbox"/> <input type="checkbox"/> means <input type="checkbox"/> <input type="checkbox"/>	
	Homicidal ideation: <input type="checkbox"/> <i>None</i> <input type="checkbox"/> <i>passive</i> <input type="checkbox"/> <i>active</i> If active: yes no plan <input type="checkbox"/> <input type="checkbox"/> intent <input type="checkbox"/> <input type="checkbox"/> means <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <i>delusions</i> <input type="checkbox"/> <i>phobias</i> <input type="checkbox"/> <i>other (describe):</i>	
9. Perception	<input type="checkbox"/> <i>no hallucinations or delusions during interview</i> <input type="checkbox"/> <i>other (describe):</i>	
10. Orientation	Oriented: <input type="checkbox"/> <i>time</i> <input type="checkbox"/> <i>place</i> <input type="checkbox"/> <i>person</i> <input type="checkbox"/> <i>self</i> <input type="checkbox"/> <i>other (describe):</i>	
11. Memory/ Concentration	<input type="checkbox"/> <i>short term intact</i> <input type="checkbox"/> <i>other (describe):</i>	<input type="checkbox"/> <i>long term intact</i> <input type="checkbox"/> <i>distractable/ inattentive</i>
12. Insight/Judgement	<input type="checkbox"/> <i>good</i> <input type="checkbox"/> <i>fair</i> <input type="checkbox"/> <i>poor</i>	

Practitioner Signature

Date

Patient Name

ID#