

CATCH Team

Childhood Autism Team Check

Brief Mental Status Exam (MSE)

Name Suzy Sample

DOB: 2/15/2004

1. Appearance	<input checked="" type="checkbox"/> Casual Dress, normal grooming and hygiene <input type="checkbox"/> Other (Describe) <input style="width: 150px;" type="text"/>
2. Attitude	<input type="checkbox"/> Calm and cooperative <input checked="" type="checkbox"/> Other (describe) <input style="width: 150px;" type="text"/> agitated
3. Behavior	<input checked="" type="checkbox"/> No usual movements or psychomotor changes <input type="checkbox"/> Self-stimulatory behavior
4. Speech	<input type="checkbox"/> Normal rate/tone/volume/without pressure <input checked="" type="checkbox"/> Unable to assess-Non-communicative/no formal speech
5. Affect	<input type="checkbox"/> Reactive and mood congruent <input type="checkbox"/> Tearful <input type="checkbox"/> Other (describe) <input type="checkbox"/> Normal range <input type="checkbox"/> Constricted <input type="checkbox"/> Labile <input type="checkbox"/> Blunted <input type="checkbox"/> Depressed <input checked="" type="checkbox"/> Flat
6. Mood	<input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Elevated <input type="checkbox"/> Anxious <input type="checkbox"/> Depressed <input type="checkbox"/> Other (describe) <input style="width: 150px;" type="text"/>
7. Thought Process	<input type="checkbox"/> Goal directed and logical <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Unable to assess due to lack of formal communication
8. Thought Content	<input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Homicidal ideation <input checked="" type="radio"/> None <input type="radio"/> Passive <input type="radio"/> Active <input checked="" type="radio"/> None <input type="radio"/> Passive <input type="radio"/> Active If active: Plan <input type="radio"/> Yes <input type="radio"/> No If active: Plan <input type="radio"/> Yes <input type="radio"/> No Intent <input type="radio"/> Yes <input type="radio"/> No Intent <input type="radio"/> Yes <input type="radio"/> No Means <input type="radio"/> Yes <input type="radio"/> No Means <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Delusions <input type="checkbox"/> Phobias <input type="checkbox"/> Obsessions/Compulsions <input type="checkbox"/> Other (describe) <input style="width: 150px;" type="text"/>
9. Perception	<input type="checkbox"/> No hallucinations or delusions during interview <input checked="" type="checkbox"/> Did not appear to be experiencing hallucinations/delusions
10. Orientation	<input type="checkbox"/> Oriented x3 <input checked="" type="checkbox"/> Unable to assess due to functioning level of child
11. Memory/Concentration	<input type="checkbox"/> Short term intact <input type="checkbox"/> Distractable/inattentive <input type="checkbox"/> Long term intact <input checked="" type="checkbox"/> Unable to assess due to functioning level of child
12. Insight/Judgment	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Unable to assess

Signature: _____
 Dr. Hillary Kruger, M.D.

Date: _____

Signature: _____
 Angela Conser, M.A.

Date: _____