

# Brief Mental Status Exam (MSE) Form

<b>1. Appearance</b>	<input type="checkbox"/> <i>casual dress, normal grooming and hygiene</i> <input type="checkbox"/> <i>other (describe):</i>	
<b>2. Attitude</b>	<input type="checkbox"/> <i>calm and cooperative</i> <input type="checkbox"/> <i>other (describe):</i>	
<b>3. Behavior</b>	<input type="checkbox"/> <i>no unusual movements or psychomotor changes</i> <input type="checkbox"/> <i>other (describe):</i>	
<b>4. Speech</b>	<input type="checkbox"/> <i>normal rate/tone/volume w/out pressure</i> <input type="checkbox"/> <i>other (describe):</i>	
<b>5. Affect</b>	<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>
<b>6. Mood</b>	<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>
<b>7. Thought Processes</b>	<input type="checkbox"/> <i>goal-directed and logical</i> <input type="checkbox"/> <i>other (describe):</i>	<input type="checkbox"/> <i>disorganized</i>
<b>8. Thought Content</b>	<b>Suicidal ideation:</b> <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"/>	<b>Homicidal ideation:</b> <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>	
<b>9. Perception</b>	<input type="checkbox"/> <i>no hallucinations or delusions during interview</i> <input type="checkbox"/> <i>other (describe):</i>	
<b>10. Orientation</b>	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>	
<b>11. Memory/ Concentration</b>	<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>
<b>12. Insight/Judgement</b>	<input type="checkbox"/> <i>good</i> <input type="checkbox"/> <i>fair</i> <input type="checkbox"/> <i>poor</i>	

\_\_\_\_\_  
**Practitioner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**ID#**