

## MENTAL STATUS EXAM (MSE)

|   |  |  |  |  |   |                                    |
|---|--|--|--|--|---|------------------------------------|
| Client Name (First, MI, Last)   |  | Client No.                                 |  |  |   |                                    |
| <b>NOTE: Record level of care next to abnormal findings. 1 = Mild, 2 = Moderate, 3 = Severe, X = Normal Finding</b> |  |  |  |  |   |                                    |
| <b>General Observations</b>   |  |  |  |  |   |                                    |
| Appearance  | <input type="checkbox"/> Well Groomed                              | <input type="checkbox"/> Unkempt           | <input type="checkbox"/> Disheveled              |  |   |                                    |
| Build   | <input type="checkbox"/> Average                                   | <input type="checkbox"/> Thin              | <input type="checkbox"/> Overweight              |  |   |                                    |
| Demeanor  | <input type="checkbox"/> Average                                   | <input type="checkbox"/> Hostile           | <input type="checkbox"/> Mistrustful             | <input type="checkbox"/> Withdrawn           | <input type="checkbox"/> Preoccupied        | <input type="checkbox"/> Demanding |
| Eye Contact   | <input type="checkbox"/> Average                                   | <input type="checkbox"/> Avoidant          | <input type="checkbox"/> Intense                 |  |   |                                    |
| Activity  | <input type="checkbox"/> Average                                   | <input type="checkbox"/> Agitated          | <input type="checkbox"/> Slowed                  |  |   |                                    |
| Speech  | <input type="checkbox"/> Clear                                     | <input type="checkbox"/> Slurred           | <input type="checkbox"/> Rapid                   | <input type="checkbox"/> Pressured           |   |                                    |
| <b>Thought Content</b>  |  |  |  |  |   |                                    |
| <b>Delusions</b><br><input type="checkbox"/> None Reported  | <input type="checkbox"/> Grandiose                                 | <input type="checkbox"/> Persecutory       | <input type="checkbox"/> Somatic                 | <input type="checkbox"/> Bizarre             | <input type="checkbox"/> Nihilistic         | <input type="checkbox"/> Religious |
| <b>Other</b><br><input type="checkbox"/> None Reported  | <input type="checkbox"/> Autistic                                  | <input type="checkbox"/> Obsessional       | <input type="checkbox"/> Phobic                  | <input type="checkbox"/> Guilty              | <input type="checkbox"/> Ideas of Reference |                                    |
|   | <input type="checkbox"/> Preoccupied                               | <input type="checkbox"/> Guarded           | <input type="checkbox"/> Other:                  |  |   |                                    |
| <b>Self Abuse</b><br><input type="checkbox"/> None Reported   | <input type="checkbox"/> Suicidal (assess lethality if present):   |  | <input type="checkbox"/> Intent                  | <input type="checkbox"/> Plan                | <input type="checkbox"/> Self Mutilization: |                                    |
| <b>Aggressive</b><br><input type="checkbox"/> None Reported   | <input type="checkbox"/> Aggressive (assess lethality if present): |  | <input type="checkbox"/> Intent                  | <input type="checkbox"/> Plan                |   |                                    |
| <b>Perception</b>   |  |  |  |  |   |                                    |
| <b>Hallucinations</b><br><input type="checkbox"/> None Reported   | <input type="checkbox"/> Auditory                                  | <input type="checkbox"/> Visual            | <input type="checkbox"/> Olfactory               | <input type="checkbox"/> Gustatory           | <input type="checkbox"/> Tactile            |                                    |
| <b>Other</b><br><input type="checkbox"/> None Reported  | <input type="checkbox"/> Illusions                                 | <input type="checkbox"/> Depersonalization | <input type="checkbox"/> Derealization           |  |   |                                    |
| <b>Thought Process</b>  |  |  |  |  |   |                                    |
| <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         |  |   |                                    |
| <b>Mood</b>   |  |  |  |  |   |                                    |
| <input type="checkbox"/> Euthymic   | <input type="checkbox"/> Depressed                                 | <input type="checkbox"/> Anxious           | <input type="checkbox"/> Angry                   | <input type="checkbox"/> Euphoric            | <input type="checkbox"/> Irritable          |                                    |
| <b>Affect</b>   |  |  |  |  |   |                                    |
| <input type="checkbox"/> Full   | <input type="checkbox"/> Constricted                               | <input type="checkbox"/> Flat              | <input type="checkbox"/> Inappropriate           | <input type="checkbox"/> Labile              |   |                                    |
| <b>Behavior</b>   |  |  |  |  |   |                                    |
| <input type="checkbox"/> Cooperative  | <input type="checkbox"/> Resistant                                 | <input type="checkbox"/> Agitated          | <input type="checkbox"/> Impulsive               | <input type="checkbox"/> Over Sedated        |   |                                    |
| <input type="checkbox"/> Assaultive   | <input type="checkbox"/> Aggressive                                | <input type="checkbox"/> Hyperactive       | <input type="checkbox"/> Restless                | <input type="checkbox"/> Loss of Interests   |   |                                    |
| <input type="checkbox"/> Anhedonia  | <input type="checkbox"/> Akathisia                                 | <input type="checkbox"/> Withdrawn         | <input type="checkbox"/> Dystonia                | <input type="checkbox"/> Tardive Dyskinesia  |   |                                    |
| <b>Cognition</b>  |  |  |  |  |   |                                    |
| <b>Impairment of:</b><br><input type="checkbox"/> None Reported   | <input type="checkbox"/> Orientation                               | <input type="checkbox"/> Memory            | <input type="checkbox"/> Attention/Concentration | <input type="checkbox"/> Ability to Abstract |   |                                    |
| <b>Intelligence Estimate</b>  | <input type="checkbox"/> MR  | <input type="checkbox"/> Borderline        | <input type="checkbox"/> Average                 | <input type="checkbox"/> Above Average       |   |                                    |
| <b>Insight/Judgment</b>   |  |  |  |  |   |                                    |
| • COWS Score:   |  |  |  |  |   |                                    |
| <b>Elaboration of Positive Mental Status Findings</b>   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
| Provider Signature/Credentials  |  |  | Date   |  |   |                                    |