

MSE Template

Patient Information

Name: _____

Date of Birth: _____

Patient ID: _____

Mental Status Examination

Observations

Appearance:

- Neat
- Dishevelled
- Inappropriate
- Bizarre
- Other: _____

Speech:

- Normal
- Tangential
- Pressured
- Impoverished
- Other: _____

Eye Contact:

- Normal
- Intense
- Avoidant
- Other: _____

Motor Activity:

- Normal

Restless

Tics

Slowed

Other: _____

Affect:

Full

Constricted

Flat

Labile

Other: _____

Comments:

Mood

Euthymic

Anxious

Angry

Depressed

Euphoric

Irritable

Other: _____

Comments:

Cognition

Orientation:

None

Place

Object

Person

Time

Memory:

None

Short-term

Long-term

Other: _____

Attention:

Normal

Distracted

Other: _____

Comments:

Perception

Hallucinations:

None

Auditory

Visual

Other: _____:

Other:

None

Derealization

Depersonalization

Comments:

Thoughts

Suicidality:

- None
- Ideation
- Plan
- Intent
- Self-harm

Homicidalty:

- None
- Aggressive
- Intent
- Plan

Delusions:

- None
- Grandiose
- Paranoid
- Religious
- Other: _____

Process

- Logical and goal-directed
- Disorganized
- Other: _____

Comments:

Behavior

- Cooperative
- Guarded
- Hyperactive
- Agitated
- Paranoid

Stereotyped

Aggressive

Bizarre

Withdrawn

Other: _____

Comments:

Attitude

Cooperative and peaceful

Other: _____

Comments:

Insight

Good

Fair

Poor

Comments:

Judgement

Good

Fair

Poor

Comments:

Clinician Name: _____

Clinician Designation: _____

Clinician Signature: _____

Date: _____