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Brief Mental Status Exam PDF

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**Patient's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Appearance**

* **Appropriate**
* **Inappropriate**

**2. Behavior**

* **Calm**
* **Agitated**

**3. Speech**

* **Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Volume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Mood**

* **Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Thought Process**

* **Coherent**
* **Scattered**

**6. Cognitive Assessment**

* Orientation: [ ] Time [ ] Place [ ] Person
* Memory: [ ] Intact [ ] Impaired

**7. Insight and Judgment**

* Insight: [ ] Present [ ] Absent
* Judgment: [ ] Adequate [ ] Inadequate

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**