



Brief Mental Status Exam PDF

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: _____