

Brief Mental Status Exam (MSE) Form

Member Name:	UCare ID #:
Date:	
Care Manager Name:	
<input type="checkbox"/> UCare <input type="checkbox"/> Other Partner:	

1.	Appearance	<input type="checkbox"/> Casual dress, normal grooming & hygiene <input type="checkbox"/> Other (describe)				
2.	Attitude	<input type="checkbox"/> Calm & cooperative <input type="checkbox"/> Other (describe)				
3.	Behavior	<input type="checkbox"/> No unusual movements or psychomotor changes <input type="checkbox"/> Other (describe)				
4.	Speech	<input type="checkbox"/> Normal rate/tone/volume/ w/out pressure <input type="checkbox"/> Other (describe)				
5.	Affect	<input type="checkbox"/> Reactive & mood <input type="checkbox"/> Normal range congruent <input type="checkbox"/> Labile <input type="checkbox"/> Depressed <input type="checkbox"/> Tearful <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Other (describe)				
6.	Mood	<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Other (describe)				
7.	Thought Process	<input type="checkbox"/> Goal-directed & Logical <input type="checkbox"/> Disorganized <input type="checkbox"/> Other (describe)				
8.	Thought Content	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> None <input type="checkbox"/> Passive <input type="checkbox"/> Active <div style="text-align: center;"> Y N <input type="checkbox"/> <input type="checkbox"/> </div> If Active: Plan <input type="checkbox"/> <input type="checkbox"/> Intent <input type="checkbox"/> <input type="checkbox"/> Means <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Homicidal ideation <input type="checkbox"/> None <input type="checkbox"/> Passive <input type="checkbox"/> Active <div style="text-align: center;"> Y N <input type="checkbox"/> <input type="checkbox"/> </div> If Active: Plan <input type="checkbox"/> <input type="checkbox"/> Intent <input type="checkbox"/> <input type="checkbox"/> Means <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions/compulsions <input type="checkbox"/> Phobias <input type="checkbox"/> Other (describe) </td> </tr> </table>	<input type="checkbox"/> Suicidal ideation <input type="checkbox"/> None <input type="checkbox"/> Passive <input type="checkbox"/> Active <div style="text-align: center;"> Y N <input type="checkbox"/> <input type="checkbox"/> </div> If Active: Plan <input type="checkbox"/> <input type="checkbox"/> Intent <input type="checkbox"/> <input type="checkbox"/> Means <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Homicidal ideation <input type="checkbox"/> None <input type="checkbox"/> Passive <input type="checkbox"/> Active <div style="text-align: center;"> Y N <input type="checkbox"/> <input type="checkbox"/> </div> If Active: Plan <input type="checkbox"/> <input type="checkbox"/> Intent <input type="checkbox"/> <input type="checkbox"/> Means <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions/compulsions <input type="checkbox"/> Phobias <input type="checkbox"/> Other (describe)	
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<input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions/compulsions <input type="checkbox"/> Phobias <input type="checkbox"/> Other (describe)						
9.	Perception	<input type="checkbox"/> No hallucinations or delusions during interview <input type="checkbox"/> Other (describe)				
10.	Orientation	<input type="checkbox"/> Oriented X 3 <input type="checkbox"/> Other (describe)				
11.	Memory/Concentration	<input type="checkbox"/> Short Term Intact <input type="checkbox"/> Long Term Intact <input type="checkbox"/> Distractible/Inattentive <input type="checkbox"/> Other (describe)				
12.	Insight/Judgment	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				