Mental Status Exam

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General appearance & behavior:
Dress/grooming
Cooperativeness
Eye contact
Psychomotor agitation/retardation
Attitude
Bizarre mannerism/gestures/facial expressions

Language: Native language/fluency

Mood (how pt. feels):
Dysphoric, euthymic, euphoric, hostile

Affect (observed emotional state):
Expansive, labile, normal, constricted, flat

Thought Process (organization of thought):
Speech: speed, volume, clarity
Circumstantial, tangential, linear, flight of ideas, “word salad”

Thought Content:
Hallucinations (AH/VH)
Delusions (persecution, grandiose, erotomanic, somatic)
Suicidal/homicidal ideation (SI/HI)
Derealization/depersonalization

Cognitive:
Level of consciousness: Alert/drowsy/stuporous
Orientation: Person, place, date, situation (A+O x 4)
Concentration: 1) Spell “world” backwards
   2) Serial 7’s or 3’s
   3) Months of year backwards
Memory: 1) Immediate: Instant recall of 3 objects/digit span
   2) Short term: Recall of 3 objects in 5 minutes
   3) Long term: Ask about pts past hx
General fund of knowledge: 1) Current/past president
   2) Historical events (9/11)
Abstract thinking: Similarities/ Proverbs

Judgement:
Based on pt’s recent behavior: Is pt meeting social/family obligations
Solutions to hypothetical situations (found stamped envelope…)

Insight: Pts understanding of his/her illness, need for treatment

Impulse control: Based on observation
Psych Inpatient Progress Note

Date/Time
MS3 PN-Psychiatry
S) 34 yo HM admitted for…(e.g. major depression w/ psychosis)
   Pt. quote/ pt. subjective report of how he/she is doing, symptoms, feelings.
   Events since previous day, observations by staff (e.g. not taking meds, not sleeping, was restrained…)
O) Mental status exam
Meds: Current meds
Labs: New labs (e.g. Lith/Valproate levels, WBC’s…)
A) Axis I/ Axis II/ Axis III/ Axis IV/ Axis V
   Any documentation for continued hospitalization (SI/ HI, med refusal…)
P) Continue current med/management…
   Day 8 of 14 day hold.
   Conservatorship/reise hearing scheduled….

Global Affect Scale

100-91 Superior fnxng, no sympt.
90-81 Good functioning, absent/minimal sympt.
80-71 Transient sympt/ expectable rxns to stressors
70-61 Mild sympt.
60-51 Moderate sympt.
50-41 Serious sympt., impaired fnxng
40-31 Impaired reality testing, major impairment in funxn/judge.
30-21 Behavior considerably influenced by delusions/hallucination, inability to fnxn in almost all areas
20-11 Some danger harming self/others, grossly impaired comm.
10-1 Persistent danger of severely hurting self/others, suicidal act
0 Inadequate information

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