

## Mental Status Exam

www.medfools.com - Thanks rauls@ucla.edu

### 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  
Appropriateness

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 ehavior 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