GENERAL MENTAL STATUS EXAMINATION

I. General Appearance
   A. Grooming and Hygiene
   B. Race, gender, age, apparent age (if appropriate)
   C. Level of apparent distress
   D. Presence of psychomotor abnormalities

II. Orientation
   A. Is the patient alert?
      1. If not, is the sensorium clouded, or obtunded or unconscious?
      2. If obtunded or unconscious, MSE is completed.
   B. Orientation to person, place, time, situation
      1. That's the reverse order of how it is generally lost.
      2. If fully oriented, write "oriented X4." If not, specify.

III. Thought Processes
   A. State whether or not they are grossly intact.
      1. They can be clear, tangential, circumscribed or loose.
         a. Are thought goal-directed?
         b. Is the patient disorganized and psychotic?
         c. Speech is measured by rate, pitch, tone and content.
   B. Assess for psychosis
      1. Prominent delusions (control, persecution, grandeur, etc.)
      2. Perceptual disturbances
         a. Auditory/visual most common
         b. Others include gustatory, tactile, olfactory

IV. Mood and Affect
   A. Mood is the subjective report of a VALID historian. Otherwise, it is their report plus your observation/assessment.
      1. You may have to clarify ambiguous reports.
      2. Examples include "depressed, anxious, euthymic," etc.

   B. Affect is the clinician's assessment of the expression of mood.
      1. Is the affect appropriate to the content of the interview?
      2. What is the range of the affect displayed?
         a. "Full ranging," appropriate to content of interview," "labile," "constricted," "blunted," "flat," "wooden."

   C. Neuro-vegetative signs of depression
      1. Sleep; insomnia versus hypersomnia; qualify your answer.
      2. Interest in things normally enjoyed, regardless of availability.
      3. Guilt feelings untied to SIGNIFICANT mistakes
      4. Energy level; hyper-energetic versus anergic; quality answer
      5. Concentration, including behavior in interview

6. Appetite; increased versus decreased; change in consumption
7. Psychomotor retardation versus acceleration
    a. Often described as sluggishness, revved up
    b. Their report and also your observation

8. Suicidal/homicidal ideation
    a. Duration of ideation, frequency, etc.
    b. Patients with plan most dangerous.
    c. What are the demotivators, if any?

V. Cognitive Functioning

A. Memory for immediate, recent and remote recall
B. Higher level cognitive functions ob abstraction, construction, language and commands
C. Insight, judgment and impulse-control
    1. Indicate if it is grossly intact
    2. Comment on lapses and focal areas of concern.