

Basic MSE Template

Patient Information

- Name: _____
- Age: _____
- Date: _____
- Clinician: _____

Reason for Visit

Appearance & Behavior

- Hygiene: ☐ Clean ☐ Disheveled ☐ Other: _____
- Posture & Gait: _____
- Facial Expression: _____

Speech

- Rate: ☐ Normal ☐ Rapid ☐ Slow
- Tone: ☐ Normal ☐ Monotone ☐ Other: _____
- Coherence: ☐ Logical ☐ Disorganized

Mood & Affect

- Mood: _____
- Affect: ☐ Appropriate ☐ Blunted ☐ Other: _____

Thought Process & Content

- Thought Process: ☐ Logical ☐ Tangential ☐ Other: _____
- Thought Content: ☐ Delusions ☐ Obsessions ☐ Other: _____

Perception

- ☐ Hallucinations ☐ Illusions ☐ None

Cognition

- Orientation: ☐ Time ☐ Place ☐ Person
- Memory: ☐ Intact ☐ Impaired
- Attention: ☐ Intact ☐ Impaired

Insight & Judgment

- Insight: ☐ Good ☐ Fair ☐ Poor
- Judgment: ☐ Good ☐ Fair ☐ Poor

Narrative / Additional Notes