

Detailed MSE Template

Title: Detailed Mental Status Exam Template

Patient Name: _____

Date: _____

Clinician: _____

1. Appearance & Behavior

- Hygiene / Grooming: _____
- Posture / Movements: _____
- Eye contact: _____
- Gait / Coordination: _____

2. Speech

- Rate / Volume / Tone: _____
- Prosody / Articulation: _____
- Spontaneity / Initiation: _____

3. Mood & Affect

- Subjective mood: _____
- Observed affect: _____
- Range / Intensity / Appropriateness: _____

4. Thought Process

- Coherence / Logic / Goal-directedness: _____
- Circumstantiality / Tangentiality / Flight of ideas: _____

5. Thought Content

- Delusions / Obsessions / Phobias: _____
- Suicidal / Homicidal ideation: _____
- Preoccupations / Ruminations: _____

6. Perception

- Hallucinations (type, frequency, context): _____
- Illusions: _____
- Other perceptual disturbances: _____

7. Cognition

- Orientation (time, place, person, situation): _____
- Attention / Concentration: _____
- Memory (immediate, recent, remote): _____
- Abstract reasoning / Insight / Judgment: _____

8. Additional Notes / Clinical Observations

- _____