

Nursing Student MSE Template (Simplified)

Patient Information

- Name: _____
- Age: _____
- Date: _____
- Student / Clinician: _____

Reason for Assessment

Appearance & Behavior

- Hygiene: ☐ Clean ☐ unkempt
- Posture / Movement: _____

Speech & Communication

- Rate: ☐ Normal ☐ Slow ☐ Rapid
- Tone / Clarity: _____

Mood & Affect

- Mood: _____
- Affect: ☐ Appropriate ☐ Blunted

Thought Process & Content

- Process: ☐ Logical ☐ Disorganized
- Content: ☐ Delusions ☐ Obsessions ☐ None

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

Notes / Reflection