

Quick-Assessment MSE Template (ER Focused)

Patient Information

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

Chief Complaint

Appearance & Behavior

- Hygiene: ☐ Clean ☐ Disheveled
- Behavior: ☐ Calm ☐ Agitated ☐ Aggressive

Speech & Communication

- Rate / Tone: _____
- Coherence: ☐ Logical ☐ Disorganized

Mood & Affect

- Mood: _____
- Affect: ☐ Appropriate ☐ Blunted

Thought Process & Content

- Thought Process: ☐ Linear ☐ Tangential
- Thought Content: ☐ Suicidal ☐ Homicidal ☐ None

Perception

- ☐ Hallucinations ☐ Illusions ☐ None

Cognition

- Orientation: ☐ Time ☐ Place ☐ Person
- Attention / Memory: _____

Insight & Judgment

- Insight: ☐ Adequate ☐ Poor
- Judgment: ☐ Adequate ☐ Poor

Additional Notes / Urgent Concerns