Mental Status Exam

A snapshot of how the client presented in this session

Session

Client name or ID _____ Date _____ Time _____ Clinician and credentials _____

Session type ☐ Intake ☐ Progress note ☐ Change in presentation ☐ In person ☐ Video ☐ Audio only ☐ Interpreter

Context _____

1 to 3. Appearance, behavior, speech

Appearance ☐ Appears stated age ☐ Older / younger ☐ Well groomed ☐ Disheveled ☐ Unusual for weather

_____

Behavior ☐ Cooperative ☐ Guarded ☐ Agitation ☐ Slowing ☐ Abnormal movements

Eye contact ☐ Good ☐ Intermittent ☐ Poor ☐ Not observable

_____

Speech ☐ Normal ☐ Slow ☐ Rapid ☐ Pressured ☐ Soft ☐ Loud ☐ Latency ☐ Minimal

_____

4 and 5. Mood and affect

Mood (quote) _____

Affect quality _____

Range ☐ Full ☐ Restricted ☐ Constricted ☐ Blunted ☐ Flat ☐ Labile

Congruent? ☐ Congruent with mood and content ☐ Incongruent (describe)

6 to 8. Thought process, thought content, perception

Process ☐ Linear, goal directed ☐ Circumstantial ☐ Tangential ☐ Flight of ideas ☐ Loose ☐ Blocking ☐ Perseveration

Content _____

_____

Suicidal ideation ☐ Asked: denied ☐ Asked: present (see risk section) ☐ Not asked (why)

Homicidal ideation ☐ Asked: denied ☐ Asked: present (see risk section) ☐ Not asked (why)

Perception ☐ Denies hallucinations ☐ Reports (describe) ☐ Appears to respond to internal stimuli

_____

9 and 10. Cognition, insight, judgment

Alertness ☐ Alert ☐ Drowsy ☐ Fluctuating

Oriented to ☐ Person ☐ Place ☐ Time ☐ Situation ☐ Impaired (name it)

Attention, memory _____

_____

Formal screen _____

Insight ☐ Good ☐ Fair ☐ Limited ☐ Poor

Because _____

Judgment ☐ Good ☐ Fair ☐ Impaired ☐ Poor

Because _____

Clinician signature and credentials _____ Date and time signed _____

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Mental Status Exam

A snapshot of how the client presented in this session

FILLED EXAMPLE · fictional client and clinician, for illustration only

Session

Client name or ID	Date	Time	Clinician and credentials
R.M. (fictional example)	10/14/2026	10:05 to 11:00	A. Okafor, LCSW (fictional)

Session type: ☑ Intake ☐ Progress note ☐ Change in presentation ☑ In person ☐ Video ☐ Audio only ☐ Interpreter

Context: No interpreter. Client reports poor sleep (about 5 hours) for 3 weeks; no medical conditions known.

1 to 3. Appearance, behavior, speech

Appearance: ☑ Appears stated age ☐ Older / younger ☐ Well groomed ☐ Disheveled ☐ Unusual for weather

Clean but wrinkled sweatshirt and jeans; unshaven several days, hair unwashed. No visible injuries.

Behavior: ☑ Cooperative ☐ Guarded ☐ Agitation ☑ Slowing ☐ Abnormal movements

Eye contact: ☐ Good ☑ Intermittent ☐ Poor ☐ Not observable

Guarded at first, more open after 15 min. Slumped, sat still, slow to stand. Mostly looked at the floor.

Speech: ☐ Normal ☑ Slow ☐ Rapid ☐ Pressured ☑ Soft ☐ Loud ☑ Latency ☐ Minimal

2 to 3 second pause before most answers; clear; answers fully but little spontaneous speech.

4 and 5. Mood and affect

Mood (quote): "Flat. Like nothing's worth doing."

Affect quality: Dysphoric; tearful once (telling children about job loss); brief smile talking about his dog.

Range: ☐ Full ☐ Restricted ☑ Constricted ☐ Blunted ☐ Flat ☐ Labile

Congruent?: ☑ Congruent with mood and content ☐ Incongruent (describe)

6 to 8. Thought process, thought content, perception

Process: ☑ Linear, goal directed ☐ Circumstantial ☐ Tangential ☐ Flight of ideas ☐ Loose ☐ Blocking ☐ Perseveration

Content: Preoccupied with job loss, money, "letting my family down"; guilt and hopelessness about finding work.

Passive death wishes several times in 2 weeks; denies intent, plan, past attempts; no firearms (client report).

Suicidal ideation: ☐ Asked: denied ☑ Asked: present (see risk section) ☐ Not asked (why)

Homicidal ideation: ☑ Asked: denied ☐ Asked: present (see risk section) ☐ Not asked (why)

Perception: ☑ Denies hallucinations ☐ Reports (describe) ☐ Appears to respond to internal stimuli

Does not appear to be responding to internal stimuli. No delusions elicited.

9 and 10. Cognition, insight, judgment

Alertness: ☑ Alert ☐ Drowsy ☐ Fluctuating

Oriented to: ☑ Person ☑ Place ☑ Time ☑ Situation ☐ Impaired (name it)

Attention, memory: Asked for 2 questions to be repeated ("poor concentration for weeks"); recent events recalled accurately.

Remote memory and personal history intact; fund of knowledge average.

Formal screen: None administered.

Insight: ☑ Good ☐ Fair ☐ Limited ☐ Poor

Because: Sees low mood and loss of interest as a change; came "because my wife is worried and I'm worried too."

Judgment: ☐ Good ☑ Fair ☐ Impaired ☐ Poor

Because: Sought care, job applications 2x a week, agreed to safety plan; drinking more on weekends (4 to 5 beers Saturdays).

Clinician signature and credentials	Date and time signed
A. Okafor, LCSW (fictional)	10/14/2026, 11:40

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MSE Word Bank and Checklist

Plain descriptors for each domain, and ten checks before you sign

Descriptor word bank

Appearance	appears stated, older or younger than stated age; casual, work clothes; well groomed, fair grooming, unkempt; dressed for or unusual for weather; visible injuries; mobility aid
Behavior	cooperative, engaged, guarded, evasive, irritable, withdrawn; eye contact good, intermittent, poor; psychomotor agitation or slowing; tremor, tics, repetitive movements
Speech	rate normal, slow, rapid, pressured; volume soft, normal, loud; spontaneous, minimal, mute; monotone, slurred, hesitant; latency of response; interpreter used
Mood	always the client's own words in quotes: "okay," "stressed out," "empty"; or note that the client did not describe mood
Affect	quality: euthymic, dysphoric, tearful, anxious, irritable, euphoric; range: full, restricted, constricted, blunted, flat; congruent or incongruent; reactive, labile
Thought process	linear and goal directed; circumstantial (returns to the point); tangential (does not return); flight of ideas; loose associations; perseveration; blocking
Thought content	themes, worries, preoccupations, guilt, hopelessness; obsessions; firmly held unusual beliefs (describe them); suicidal and homicidal ideation: asked and answer
Perception	denies hallucinations; reports hearing or seeing (what, when, how often); illusions; depersonalization, derealization; appears to respond to internal stimuli
Cognition	alert, drowsy, fluctuating; oriented to person, place, time, situation (name any impaired); attention intact or needs repetition; recent and remote memory
Insight, judgment	good, fair, limited, poor, always with a reason; describe disagreement rather than calling it poor insight; judgment from recent decisions and actions

Before you sign

- [ ] 1. Mood is in the client's own words; affect is what you observed.
- [ ] 2. Each domain was assessed, or the note says why not (audio only, declined).
- [ ] 3. "Denies" appears only for questions you actually asked.
- [ ] 4. Orientation names the spheres; any impaired sphere is named.
- [ ] 5. Technical terms (tangential, delusion) fit, or an example is given.
- [ ] 6. Context is noted: interpreter, hearing, medical issues, sleep, substances, video.
- [ ] 7. Nothing is copied forward from a previous session.
- [ ] 8. Any formal screen is recorded by name, version and score, not reproduced.
- [ ] 9. Thought content and risk agree with the risk section and the plan.
- [ ] 10. No labels or judgments; signed with credentials, dated and timed.

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