**Brief Mental Status Exam (MSE) Form**

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| Member Name: | UCare ID #: |
| Date: | |
| Care Manager Name: | |
| UCare  Other Partner: | |

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|  | Appearance | Casual dress, normal grooming & hygiene  Other (describe) | |
|  | Attitude | Calm & cooperative  Other (describe) | |
|  | Behavior | No unusual movements or psychomotor changes  Other (describe) | |
|  | Speech | Normal rate/tone/volume/ w/out pressure  Other (describe) | |
|  | Affect | Reactive & mood  Normal range congruent  Labile  Depressed  Tearful  Constricted  Blunted  Flat  Other (describe) | |
|  | Mood | Euthymic  Anxious  Irritable  Depressed  Elevated  Other (describe) | |
|  | Thought Process | Goal-directed & Logical  Disorganized  Other (describe) | |
|  | Thought Content | Suicidal ideation  None  Passive  Active  Y N  If Active: Plan  Intent  Means | Homicidal ideation  None  Passive  Active  Y N  If Active: Plan  Intent  Means |
| Delusions  Obsessions/compulsions  Phobias  Other (describe) | |
|  | Perception | No hallucinations or delusions during interview  Other (describe) | |
|  | Orientation | Oriented X 3  Other (describe) | |
|  | Memory/Concentration | Short Term Intact  Long Term Intact  Distractible/Inattentive  Other (describe) | |
|  | Insight/Judgment | Good  Fair  Poor | |