

Patient: \_\_\_\_\_ Facility: \_\_\_\_\_  
Examiner: \_\_\_\_\_ Date: \_\_\_\_\_ Rm#: \_\_\_\_\_

CHIEF COMPLAINT (or original targeted Sx's): \_\_\_\_\_  
\_\_\_\_\_

INTERVAL HISTORY OF PRESENT ILLNESS (progress of Sx's of PI, response to Tx, med. side effects; duration, timing, severity):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(HPI: brief=1-3, extended >3; Psych/Med Hx & Family&Social Hx: Problem Pertinent=Ψ/Med only; Complete = Ψ/Med + Family or Social Hx)

INTERVAL MED/SOCIAL/FAMILY HX: No change since last visit, date: \_\_\_\_\_  
Except: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Psychotropic Medications (include dose and schedule): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lab/AIMS Results (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVAL REVIEW OF SYSTEMS: No change since last visit, date: \_\_\_\_\_  
Except: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Presenting Problem: Self-limited/Minor  Low Severity  Moderate Severity  Moderate to High Severity  High Severity

**Mental Status Examination:**

Constitutional: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vitals: \_\_\_\_\_

Grooming: Good  Fair  Poor

Motor Movements: WNL  Agitation  Retardation  Choreic  Spastic  Hemiplegia  Tardive Dyskinesia   
Flaccidity/Atrophy  \_\_\_\_\_ Other \_\_\_\_\_

Stature: Frail  Well-nourished  Obese  Sitting  Standing  Lying

Gait: Steady  Steady w/assist  Ataxic  W/C self  W/C assist

Level of consciousness: Alert  Drowsy  Unable to sustain arousal without verbal/physical cueing

Demeanor: Cooperative  Engaging  Pleasant  Resistant  Oppositional  Apathetic  Impulsive

Speech/Language: : Mute  Clear  Slurred  Dysarthric  / Coherent  Incoherent  / Spontaneous  Restricted  Guarded   
Normal Rate  Slow rate  / Normal Volume  Loud  Soft  / Hyperverbal  Pressured  Dysnomic  Dysfluent   
Perseveration  Poverty of speech

Global aphasia  Expressive aphasia  Receptive aphasia

Thought Process: Intact  Logical  Illogical  Confused/Disorganized  Periods of confusion  Loose

Circumstantial  Tangential  Flight of Ideas  Confabulation  Ideas of reference

Thought Content: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suicidal/Homicidal Ideation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MSE continued:**

Psychotic S/S: \_\_\_\_\_

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**Other Perceptual Disturbances:** Illusions  Depersonalization  Derealization

**Fund of Knowledge:** Good  Fair  Poor  **Judgment:** Good  Fair  Poor  **Insight:** Good  Fair  Poor

**Affect:** Broad/Variable  Constricted  Blunted  Flat  Labile  Pseudobulbar State

**Mood:** Euthymic  Depressed  Anxious  Angry  Irritable  Elevated  Elated  Other \_\_\_\_\_

**Orientation:** Person - WNL  / Impaired  Place - WNL  / Impaired  Time - WNL  / Impaired

**Attention:** WNL  / Impaired  **Concentration:** WNL  / Impaired

**Memory:** Recent - WNL  / Impaired  Remote - WNL  / Impaired

**Sleep problems:** None  Initiating  Sustaining  Hypersomnia  **Appetite:** Good  Fair  Poor

**Additional MS Observations:** \_\_\_\_\_

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(PF=1-5 elements; Expanded PF=6-8; Detailed=9 or more; Comprehensive=All [at least 3 Constitutional])

**DIAGNOSIS** (if applicable, indicate "New" or "Revised"): \_\_\_\_\_

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**Global Assessment of Functioning:** \_\_\_\_\_

**Counseling and/or Coordination of Care** (complete this section only if >50% of eval. time involved C/C of C and coding based on time):  
TOTAL TIME of eval: \_\_\_\_\_  More than 50% of the time of this evaluation involved counseling and/or coordination of care

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**Complexity of Medical Decision Making:** Straightforward  Low  Moderate  High

**MEDICATION RECOMMENDATIONS:** \_\_\_\_\_

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**OTHER RECOMMENDATIONS:** \_\_\_\_\_

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**Psychiatric Consultant:** \_\_\_\_\_  
Seniors Wellness Group of Michigan (Printed Name & Signature) **Date:** \_\_\_\_\_