Sample Mental Status Exam Reports

Case #1

Gary Sparrow, a 48-year-old white male, was disheveled and unkempt on presentation to the hospital emergency room. He was wearing dirty khaki pants, an unbuttoned golf shirt, and white shoes and appeared slightly younger than his stated age. During the interview, he was agitated and restless, frequently changing seats. He was impatient and sometimes rude in his interactions with this examiner. Mr. Sparrow reported that today was the best day of his life, because he had decided to join the professional golf circuit. His affect was labile, but appropriate to the content of his speech (i.e., he became tearful when reporting he had “bogeyed number 15”). His speech was loud, pressured, and overelaborative. He exhibited loosening of associations and flight of ideas; he intermittently and unpredictably shifted the topic of conversation from golf, to the mating habits of geese, to the likelihood of extraterrestrial life. Mr. Sparrow described grandiose delusions regarding his sexual and athletic performance. He reported auditory hallucinations (God had told him to quit his job and become a professional golfer) and was preoccupied with his athletic and sexual accomplishments. He was oriented to time and place, but claimed he was the illegitimate son of Jack Nicklaus. He denied suicidal and homicidal ideation. He refused to participate in intellectual- or memory-related portions of the examination. Mr. Sparrow was unreliable and exhibited poor judgment. Insight was absent.

Case #2

Ms. Rosa Jackson, a 67-year-old African American female, was evaluated during routine rounds at the Cedar Springs Nursing Home. She was about 5’ tall, wore a floral print summer dress, held tight to a matching purse, and appeared approximately her stated age. Her grooming was adequate and she was cooperative with the examination. She reported her mood as “desperate” because she had recently misplaced her glasses. Her affect was characterized by intermittent anxiety, generally associated with having misplaced items or with difficulty answering the examiner’s questions. Her speech was slow, halting, and soft. She repeatedly became concerned with her personal items, clothing, and general appearance, wondering where her scarf “ran off to” and occasionally inquiring as to whether her appearance was acceptable (e.g., “Do I look okay? You know, I have lots of visitors coming by later.”). Ms. Jackson was oriented to person and place, but indicated the date as January 9, 1981 (today is July 8, 2009). She was unable to calculate serial sevens and after recalling zero of three items, became briefly anxious and concerned, stating “Oh my, I guess you pulled another one over me, didn’t you, sonny?” She quickly recovered her pleasant style, stating “And you’re such a gem for coming to visit me again.” Her proverb interpretations were concrete. Judgment, reliability, and insight were significantly impaired.

Case #3

This is a patient who appears to be of stated age, casually and neatly dressed and in no acute distress. The patient engaged the examiner in a cooperative, friendly and polite manner. The patient demonstrated good eye contact. His speech was spontaneous with normal rate, rhythm and tone. His reaction time to questions was normal. While his affect was appropriate to the situation, his mood was euthymic with no evidence of depression, guilt feelings and suicidal or homicidal ideation at this time. His stream of mental activity was logical, relevant, coherent and goal directed with no evidence of flight of ideas, looseness of associations, thought blocking, psychomotor retardation, pressured speech, racing thoughts, circumstantiality or tangentiality. His thought content revealed no evidence of delusional ideation, interference or responses to internal stimuli, hallucinations, ideas of reference, mood swings, compulsions, obsessions, or any specific preoccupations. The patient was alert and oriented in all three spheres. His memory was intact including his immediate, recent past and remote memory. His attention and concentration were intact. His fund of general information was good. The patient was able to perform simple arithmetic calculations and serial subtraction by 7s. His comprehension and understanding were good. Therefore, his intelligence was estimated to be above average; consistent with his level of formal education. His abstraction of proverbs and symbolization were good. His judgment, insight and reliability appeared to be good.

Case #4

The patient was alert. She was able to state the day of the week, the date, the month, the year, and the place. Motor activity: She is able to move all extremities without any difficulties. She does have a deficit to her right hand. General appearance: She was fairly groomed and fairly clean. She appears looking older than her stated age. There were no signs and symptoms of abnormal involuntary movements to any body parts noticed. Her affect was appropriate. Her mood was normal. Thought content was on topic and logical; however, she was noted to be very forgetful throughout the interview. There were no ideas of reference noted. The patient presents with a lot of thought blocking. Reports that she has difficulty remembering things and finishing her thoughts since her brain aneurysm surgery a couple of years ago. She denies any current or past signs and symptoms of audiovisual hallucinations or any other type of hallucinations when questioned. Her memory when tested, immediate recall was 3/3; short-term recall when tested was only 1/3. Her insight is impaired. Her judgment is also impaired. Attention and concentration are decreased as a result of a brain aneurysm surgery a couple of years prior. Since the surgery, she has difficulty with focus and concentration and gets easily distracted at times. Her interpretation of proverbs is concrete. Her level of intelligence is noted to be borderline. She denies having any difficulties with her growth and development. Reports that her functioning was normal prior to the removal of the brain aneurysm and that when in school, she attended regular classes. Denied attending special education classes. Suicidal and homicidal ideations, plans and intentions were denied when questioned. Her fund of knowledge was below adequate, again believed to be caused by removal of the brain aneurysm.

Case #5

Reveals a well-nourished, well-developed, athletic built female who looks her stated age. Hygiene and grooming are adequate. Initially, she was quite secretive about divulging any information about her unusual experience, asked that the door be closed and it was. The conversation from start to finish is effusive, voluminous, circumstantial, tangential and loosely organized but it is coherent. There are no abnormalities to the content of her thought; however, an illusionary experience is suspect, of many years’ duration and conversion symptoms. The content of her thought reveals grandiosity and expansiveness with respect to her own capacity to assess her symptoms. There are no abnormalities to the content of her thought and no perceptual disturbances. Fund of general knowledge is probably low average. Her mood is one of detachment and indifference; although, at the conclusion of the interview, she was tearful but more so because she seemed not to want to accept the psychiatric explanation for her possible symptomatology. Her attitude is self-centered. Her affect is labile, histrionic. Her demeanor is quite self-absorbed. Her memory is faulty due to her preoccupation with religious ideas and her own capacity for self-introspection and assessment. Her judgment is impaired by her obsession and fixation with this probable illusionary experience and her conversion symptoms of long years’ standing. Her insight is lacking and judgment, as stated, is impaired. No suicidal or homicidal ideation. She was too fixated to do proverb interpretation or simple arithmetical calculations. Her attention is limited due to the fact that she is so preoccupied.