

Mental Status Reporting Software

Evaluation Report

Name: Sample A. Client
ID: 1234-5678
Age: 60
Gender: Female
Education: 12
Test Date: 07/15/2002

This report contains information about the patient's mental status. Use of this report requires a complete understanding of the Mini-Mental State Examination (MMSETM), the Mental Status Reporting Software (MSRSTM) Checklist, and mental status evaluations. This report should be used as only one source of information about the patient being evaluated, and no decisions should be based solely on this information. This information should be integrated with other sources of information when making decisions about this person.

This report is confidential and is intended for use by qualified professionals who have sufficient knowledge about mental status evaluations in general and knowledge about the MSRS in particular. Do not release this report to those who are not qualified to interpret the results.

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Version 1.10.011

MMSE Results

The patient's score on the MMSE is below the cutoff score (23) that has been found to be most effective in identifying dementia in research studies. The possibility of cognitive impairment characteristic of dementia is further supported when her performance is compared to the performance of individuals of similar age and education level from the MMSE normative sample (Folstein, Folstein, & Fanjiang, 2001).

The patient had difficulty on the MMSE in the following area(s):

Orientation to Time

Orientation to Place

Comprehension

Reading

Writing

Drawing

MSRS Checklist Results

The patient is right-handed. The patient was alert and responsive. Her orientation, attention, and concentration were impaired. Appearance was consistent with her stated age. Eye contact during the evaluation was good. The patient was dressed appropriately and her grooming appeared to be adequate. Regarding her motor functioning, no apparent abnormalities were observed. No gait disturbances were noted. Some evidence of impaired vision was noted.

Some word finding difficulties in her speech were observed. Prosody was normal. No auditory comprehension difficulties were apparent. No apparent disturbances in remote memory were noted, but some impairment in both immediate and recent memory was evident. The patient's intellectual ability was estimated to be average. Executive functioning problems were evidenced by planning and organization deficits. Affect was flat. Her mood was anxious. Information about the patient's interpersonal behavior was not recorded. The patient denied having both suicidal or homicidal ideation. Her thought content was appropriate for the situation. Thought processes were disconnected and/or incoherent. No delusions were conveyed by the patient. She denied experiencing hallucinations. Judgment, reasoning, and insight were poor.

The patient was referred by family/friend.
Status is voluntary, outpatient.
Patient completed intake form with assistance.

Comments

Additional information observed about this patient during the evaluation includes the following: None

Longitudinal Profile Record

	07/15/2002				
	07/30/2001	07/15/2002			
MMSE (Raw)	23	21			
MMSE (T)	27	9			
Consciousness	Alert	Alert			
Orientation	x3	Impaired			
Attention/ Concentration	n.a.d.	Impaired			
Appearance	Consistent with stated age	Consistent with stated age			
Eye Contact	Good	Good			
Dress	Appropriate	Appropriate			
Grooming	Adequate	Adequate			
Motor Functioning	n.a.d.	n.a.d.			
Gait	n.a.d.	n.a.d.			
Visual Perception	Impaired vision	Impaired vision			
Speech	n.a.d.	Word finding difficulties			
Prosody	n.a.d.	n.a.d.			
Auditory Comprehension	Other	n.a.d.			
Immediate Memory	n.a.d.	Impaired			
Recent Memory	n.a.d.	Impaired			
Remote Memory	n.a.d.	n.a.d.			
Estimated Intellectual Ability	Average	Average			

Note. n.a.d. = No apparent disturbances; x3 = oriented to person, place, & time.

Longitudinal Profile Record (cont.)

	07/15/2002				
	07/30/2001	07/15/2002			
Executive functioning	n.a.d.	Planning and organization deficits			
Affect	Flat	Flat			
Mood	Apathetic	Anxious			
Interpersonal Behavior	Cooperative				
Suicidal Ideation	Absent	Absent			
Homicidal Ideation	Absent	Absent			
Thought Content	Appropriate	Appropriate			
Thought Processes	Impact Oriented	Disconnected			
Delusions	None	None			
Hallucinations	None	None			
Judgment/ Reasoning	Adequate	Poor			
Insight	Adequate	Poor			

Note. n.a.d. = No apparent disturbances; x3 = oriented to person, place, & time.

User Item Longitudinal Profile Record

	07/15/2002				
	07/30/2001	07/15/2002			
Referral Source	The patient was self-referred .	The patient was referred by family/friend.			
Status	Status is voluntary, outpatient.	Status is voluntary, outpatient.			
Intake form	Patient completed intake form with assistance.	Patient completed intake form with assistance.			

Item Responses

MMSE Responses

1.	1	7.	1	13.	1	19.	3	25.	?
2.	1	8.	0	14.	?	20.	1	26.	0
3.	1	9.	1	15.	?	21.	1	27.	1
4.	1	10.	1	16.	?	22.	1	28.	1
5.	0	11.	1	17.	?	23.	1	29.	0
6.	1	12.	1	18.	?	24.	1	30.	0
								31.	0

Conc 0

MSRS Responses

1.	1	7.	1	13.	1	19.	2	25.	1
2.	1	8.	1	14.	1	20.	5	26.	7
3.	2	9.	1	15.	2	21.	5	27.	1
4.	2	10.	1	16.	2	22.	0	28.	1
5.	1	11.	6	17.	1	23.	2	29.	3
6.	1	12.	3	18.	2	24.	2	30.	3

Hx Left Hand 0

User-Defined Item Responses

1.	2
2.	2
3.	2
4.	-
5.	-
6.	-

Reference

Folstein, M. F., Folstein, S. E., & Fanjiang, G. (2001). Mini-Mental State

Examination: Clinical guide. Odessa, FL: Psychological Assessment Resources.