

REPORT OF MENTAL STATUS EVALUATION

For use of this form see, AR 40-66; the proponent agency is OTSG.

SECTION I - REASON FOR EVALUATION

<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Advanced Training Application
<input type="checkbox"/> Command-Directed Behavioral Health Evaluation	<input type="checkbox"/> Clearance for Admin Sep under AR 635-200, Chapter _____
<input type="checkbox"/> Hospital Discharge	<input type="checkbox"/> MMRB/MEB
<input type="checkbox"/> Other: _____	

SECTION II - FITNESS FOR DUTY

FROM A BEHAVIORAL HEALTH STANDPOINT, THE ABOVE SERVICE MEMBER IS DEEMED:

<input type="checkbox"/> Fit for full duty, including deployment.
<input type="checkbox"/> Possibly non-deployable due to prescribed medications. Command surgeon waiver <input type="checkbox"/> is <input type="checkbox"/> is not recommended.
<input type="checkbox"/> Requires temporary duty limitations and will likely require behavioral health treatment to be restored to full duty.
<input type="checkbox"/> Unfit for duty due to a personality disorder or other mental condition that does not amount to a medical disability.
<input type="checkbox"/> Unfit for duty due to a serious mental condition that is not likely to resolve within 1 year.
<input type="checkbox"/> Further assessment is needed to determine fitness for duty.

SECTION III - PERTINENT FINDINGS ON MENTAL STATUS EXAMINATION

COGNITION: <input type="checkbox"/> No obvious impairments <input type="checkbox"/> Mildly impaired <input type="checkbox"/> Moderately impaired <input type="checkbox"/> Severely impaired
BEHAVIOR: <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Manipulative <input type="checkbox"/> Hostile <input type="checkbox"/> Suspicious <input type="checkbox"/> Bizarre
PERCEPTIONS: <input type="checkbox"/> Normal <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions
IMPULSIVITY: <input type="checkbox"/> Unlikely to be impulsive <input type="checkbox"/> Occasionally impulsive <input type="checkbox"/> Frequently impulsive
DANGEROUSNESS: <input type="checkbox"/> None <input type="checkbox"/> Suicidal Thoughts <input type="checkbox"/> Homicidal Thoughts <input type="checkbox"/> Suicidal Intent <input type="checkbox"/> Homicidal Intent
OTHER: _____

SECTION IV - IMPRESSIONS

IN MY OPINION, THIS SERVICE MEMBER:

<input type="checkbox"/> Can understand and participate in administrative proceedings
<input type="checkbox"/> Can appreciate the difference between right and wrong
<input type="checkbox"/> Meets medical retention requirements (i.e., does not qualify for a Medical Evaluation Board)
<input type="checkbox"/> Requires further examination or testing to finalize diagnosis and recommendations
<input type="checkbox"/> Other: _____

SECTION V - DIAGNOSES (ONLY THOSE REQUIRED FOR ADMINISTRATIVE PROCESSING)

AXIS I (psychiatric conditions):

AXIS II (personality & intelligence disorders):

AXIS III (medical conditions):

PATIENT INFORMATION

Patient Name: _____ Rank/Grade: _____ Status: _____
Prefix: _____ DOB (YYYYMMDD): _____ Sponsor SSN: _____ MTF Code: _____ Date: _____

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; grade; date; hospital or medical facility)

SECTION VI - PROPOSED TREATMENTS

- None
- Follow-up appointments:

Clinic:	Phone No:	Location:	Date:	Time:

- Recommend command referral to: Unit Chaplain ASAP FAP JAG ACS OTHER _____

SECTION VII - RECOMMENDED PRECAUTIONS

(To be followed until no longer deemed necessary by a Behavior Health Provider)

- None.
- Ensure the service member attends all follow-up appointments.
- Assigned duties should be relatively low-stress and should not involve leadership responsibilities.
- Work hours should not exceed ___ per day and the service member should have ___ day(s) off per week.
- Restrict access to or disarm all weapons and ammunition (including those that are privately owned).
- Prohibit the use of alcohol as alcohol is a CNS depressant and may impair inhibitions and judgment,

- Inspect the service member's quarters and secure all hazardous items (e.g., pills, knives, razors, weapons, etc.).
- Move the service member into the barracks.
- Secure all medications and dispense no more than ___ days' worth at a time.
- Prohibit contact between the service member and _____ to prevent harm to self or other individual.
- Provide increased supervision (i.e., have someone check in with service member at least daily) or ...
- Assign someone to monitor the service member every ___ hours from first formation until lights out, and ensure he/she does not sleep in a room alone or ...
- Provide continuous 24/7 monitoring (e.g., to prevent self-injurious behavior, harm to others, substance use, etc.).
- Other:

SECTION VIII - ADDITIONAL COMMENTS

- A Temporary Profile with an "S" rating of _____ is hereby activated, to expire _____.
- The service member has been screened for Post Traumatic Stress Disorder and mild Traumatic Brain Injury. All positive screens require a comprehensive evaluation. Results of the screening are as follows:
 - Post Traumatic Stress Disorder Screening: Score _____ Positive Negative
 - Service member was referred for: A comprehensive Post Traumatic Stress Disorder evaluation.
 - Mild Traumatic Brain Injury Screening: Score _____ Positive Negative
 - Service member was referred for: A comprehensive mild Traumatic Brain Injury evaluation.
- The service member may participate in PT as allowed by physical profile, as exercise often improves mood.
- The service member meets psychiatric criteria for expeditious administrative separation IAW Chapter 5-13 or ... Chapter 5-17 of AR 635-200 (or equivalent regulation from his/her branch of Service).

(See Additional Comments on Page 3)

PATIENT INFORMATION

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PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; grade; date; hospital or medical facility)*

SECTION VIII - ADDITIONAL COMMENTS *(Continued from previous page)*

- Service member does not have a severe mental disorder and is not considered mentally disordered. However, he/she has a long-standing disorder of character, behavior and adaptability (i.e., personality disorder).
- The Service-member has a condition that is likely to impair his/her judgment or reliability to protect classified information. (If checked, Commanders will ensure prompt notification to the Army Central Clearance Facility IAW AR 380-67 DA Personnel Security Program, by providing an incident report via the Joint Personnel Adjudication System (JPAS) or its successor.) (Provide detail in the remarks section on page 3.)
- It is the professional opinion of the undersigned that this service member will not respond to command efforts at rehabilitation (such as transfer, disciplinary action or reclassification), or to any behavioral health treatment methods currently available in the military.
- The service member manifests a long-standing, chronic pattern of difficulty adjusting (i.e., Adjustment Disorder) as characterized by:
(Provide detail for the option you choose in the remarks section on Page 3.)

- The service member shows no evidence of a disorder that would limit his/her potential to succeed in the military. He/she is cleared to participate in advanced military training.
- The service member has been screened for Post Traumatic Stress Disorder and Traumatic Brain Injury. These conditions are either not present or, if present, do not meet AR 40-501 criteria for a medical evaluation board. Command is advised to consider the influence of these conditions, if present, when determining final disposition.
- If the service member shows signs of further deterioration, command should call: *Name:* _____ *and Contact Information:* _____, during duty hours. After hours, they should escort the service member to the nearest Emergency Department.
- Service member has been screened for substance use disorders (i.e., alcohol and drugs).
Findings:

- Other:

REMARKS

BEHAVIORAL HEALTH PROVIDER SIGNATURE(S)

Behavioral Health Provider's Signature	Date	Behavioral Health Supervisory Co-Signature	Date
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PATIENT INFORMATION

Patient Name: _____ *Rank/Grade:* _____ *Status:* _____
Prefix: _____ *DOB (YYYYMMDD):* _____ *Sponsor SSN:* _____ *MTF Code:* _____ *Date:* _____

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; grade; date; hospital or medical facility)*