A-1633 (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)

§482.61(b)(3) Contain a record of mental status;

Interpretive Guidelines §482.61(b)(3)

The mental status must describe the appearance and behavior, emotional response, verbalization, thought content, and cognition of the patient as reported by the patient and observed by the examiner at the time of the examination. This description is appropriate to the patient's condition.

Explore the mental status for descriptions of the patient's presentation during the examination that are relevant to the diagnosis and treatment of the patient. An example of a portion of the patient interview: The patient periodically states the examiner's name correctly during this examination after hearing it once, accurately describes his past history in great detail, precisely characterizes his present situation, can list events in logical sequence that have led to his present illness, but believes that his pre-admission insomnia, anorexia, and 35 pound weight loss over the past four months are totally the result of his sexual promiscuity of ten years ago and have nothing to do with his concurrent use of 50 to 60 mg. of Amphetamine daily." From this information one can conclude that the patient is oriented, his memory is intact, but that he has poor judgment and no insight. It is not acceptable just to write "oriented, memory intact, judgment poor, and insight nil," without any supportive information.