



# Center for Adult & Geriatric Psychiatry

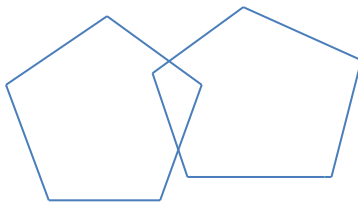
2002 Richard Jones Rd  
Suite C 206  
Nashville, TN 37215  
Phone: 615-383-0055

111 Highway 70 East  
East Pavilion, 2<sup>nd</sup> Floor MH2-227  
Dickson, TN 37055  
Phone: 615-383-0055

[www.DrRajPsychiatry.com](http://www.DrRajPsychiatry.com)

## Mini Mental Status Examination

| Item   | Maximum Score | Actual Score         |
|--|---------------|----------------------|
| <b><u>ORIENTATION</u></b>  |               |                      |
| What is the (Year), (Season), (Date), (Day), (Month)?  | 5             | <input type="text"/> |
| Where are we (State), (County), (City), (Place), (Floor)?  | 5             | <input type="text"/> |
| <b><u>REGISTRATION</u></b>   |               |                      |
| Name three Objects (Apple, Penny, Book). 1 second to say each. Then ask patient all three after you have said them. Give 1 point for each correct answer. Then repeat them until all three learned (for later checking). | 3             | <input type="text"/> |
| <b><u>ATTENTION &amp; CALCULATION</u></b>  |               |                      |
| Serial 7s. Give 1 point for each correct answer. STOP after 5 answers<br>Spell "WORLD" backwards. Score whichever is higher.   | 5             | <input type="text"/> |
| <b><u>RECALL</u></b>   |               |                      |
| Ask for the three objects repeated above. Give 1 point for each of 3.  | 3             | <input type="text"/> |
| <b><u>LANGUAGE</u></b>   |               |                      |
| Show two unrelated objects and ask for their names   | 2             | <input type="text"/> |
| Repeat the following, "No ifs, ands or buts."  | 1             | <input type="text"/> |
| Follow a 3 stage command. "Take this paper in your right hand, fold it in half and put on floor."  | 3             | <input type="text"/> |
| Have the patient read and obey the following:<br><b>"CLOSE YOUR EYES."</b>   | 1             | <input type="text"/> |
| Have the patient write a sentence of his/her choice.   | 1             | <input type="text"/> |
| Have the patient copy following design.  | 1             | <input type="text"/> |



Total

|     |
|-----|
| /30 |
|-----|