

# REPORT OF MENTAL STATUS EVALUATION

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

## SECTION I – REASON FOR BEHAVIORAL HEALTH EVALUATION

Select Reason for MSE

Other: \_\_\_\_\_

## SECTION II – BEHAVIORAL HEALTH DISPOSITION DETERMINATION

SM shows no evidence of an impairing behavioral health (BH) condition. SM is cleared for advanced military training.

No duty limitations due to behavioral health reasons. SM currently meets behavioral health medical retention standards (IAW AR 40-501).

BH condition meets retention standards but may require waiver for deployability within specific areas of operation.

SM is on a Profile which expires \_\_\_\_\_ See Profile for details.

SM currently does NOT meet medical retention standards, has reached medical retention determination point, and a Disability Evaluation System referral is:  indicated or  has already occurred.

Further assessment is needed to determine behavioral health medical readiness status.

### For Ch. 5-13/17, AR 635-200

SM meets criteria for Ch. 5-13/17 administrative. SM currently meets medical retention standards.

Yes  No SM deployed to an imminent danger pay area IAW MEDCOM Policy 19-001 (**YES** Requires OTSG-Level approval using BHAR).

There is no evidence of a documented change in diagnosis from a boardable to a non-boardable condition within the past 90 days.

The condition is of sufficient severity to interfere with the SM's ability to function in the military. The SM is not amenable to BH treatment and is unlikely to respond to Command efforts at rehabilitation.

## SECTION III – PERTINENT FINDINGS ON MENTAL STATUS EVALUATION

Screening performed:	<input type="checkbox"/> Post-Traumatic Stress Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Substance Misuse	<input type="checkbox"/> Sexual Trauma
COGNITION:	<input type="checkbox"/> Not Impaired	<input type="checkbox"/> Impaired	BEHAVIOR:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
PERCEPTIONS:	<input type="checkbox"/> Not Impaired	<input type="checkbox"/> Impaired	IMPULSIVITY:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
BH RISK FOR HARM TO SELF:	<input type="checkbox"/> Not Elevated	<input type="checkbox"/> Low	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High	
BH RISK FOR HARM TO OTHERS:	<input type="checkbox"/> Not Elevated	<input type="checkbox"/> Low	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High	

Positive Screens/Findings/Elevated Risks (Use further Comment section if space is needed):

## SECTION IV - DIAGNOSES

(ONLY REPORT DIAGNOSES REQUIRED FOR SUPPORTING SECTION II FINDINGS)

BH DIAGNOSES:

OTHER MEDICAL DIAGNOSES:

## SECTION V - FOLLOW-UP RECOMMENDATIONS

No follow-up needed  Follow-up recommended (see below)  Follow-up as already scheduled (see below)

Clinic:	Phone:	Location:	Date:	Time:

Recommend Command referral to:  Family Advocacy Program  Substance Use Disorder Evaluation  Other: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name:			Rank/Grade:	Status:
Prefix:	DOB (YYYYMMDD):	Sponsor DOD ID:	MTF:	Date:

## SECTION VI - RECOMMENDATIONS AND COMMENTS FOR COMMANDER

<input type="checkbox"/> No safety precautions are indicated.
<input type="checkbox"/> Yes <input type="checkbox"/> No SM can understand and participate in administrative proceedings and appreciate the difference between right and wrong.
<input type="checkbox"/> Yes <input type="checkbox"/> No SM's behavioral health condition was likely a mitigating factor in the alleged behavior leading to administrative separation.
<input type="checkbox"/> Ch. 10,14 & Officer elimination: The effects of PTSD and TBI likely constitute matters in extenuation that relate to the basis for separation.
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ensure SM attends all follow-up appointments.
<input type="checkbox"/> Prohibit use of alcohol. Alcohol can interfere with medication, decrease rational judgment, and increases risk for impulsive behavior.
<input type="checkbox"/> Increase leader/supervisory support with intent of keeping SM engaged with unit members and other sources of support.
<input type="checkbox"/> Consider placement of Service member in barracks for increased support and potentially reduced access to weapons.
<input type="checkbox"/> Encourage SM to use gun locks and gun safes or temporarily secure personal weapons with MPs, unit arms room, or other trusted source.
<input type="checkbox"/> Restrict access to or disarm all military weapons and ammunition. No range duties.
<input type="checkbox"/> Consider no contact order between Service member and _____ to limit risk of harm to self/others.
<input type="checkbox"/> If Service member shows concerning changes in mood, behavior, or safety, then Command should call: Name: _____
<input type="checkbox"/> Phone: _____ during duty hours. After hours, Command should escort Service member to the nearest emergency room.
<input type="checkbox"/> 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.)

### For Recruiting Command Assessments:

<input type="checkbox"/> The Service member's current needs can be met in geographically dispersed environment. Recommend USAREC assignment.
<input type="checkbox"/> The Service member's current needs cannot be met in geographically dispersed environment. Recommend Behavioral Health reevaluation no earlier than
<input type="checkbox"/> Month _____ Year _____
<input type="checkbox"/> The Service member's historical and current needs cannot be met in a geographically dispersed environment. USAREC assignment is not recommended.

### For CID Candidate Assessments:

<input type="checkbox"/> The Service member appears suitable for CID assignment at this time.
<input type="checkbox"/> The Service member is not suitable for CID assignment at this time.
<input type="checkbox"/> The Service member has been treated for a behavioral health condition and has demonstrated stability _____ (months/years), per the requirements outline in the CID applicant matrix. Recommend consideration of a behavioral health waiver for CID assignment.

### For Positions of Significant Trust and Authority:

SHARP VAs, SARCs, Drill Sergeants, AIT Platoon Sergeants, Army National Guard Recruit Sustainment Program Cadre.	
At the time of evaluation, the Service member does not have a BH condition of sufficient severity to impair his/her judgment and reliability or that otherwise prevent him/her from serving in the assigned or nominated position. This evaluation is neither capable of nor intended to detect the predilection towards sexual or other violence or other unethical or illegal conduct. These conclusions are made solely on the SM's current BH status. He/She is cleared for assignment to this position of significant trust and authority.	

### Further Comments:

Command representative contacted. Name:	Duty Position:	Phone:
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<b>BEHAVIORAL HEALTH PROVIDER SIGNATURE(S)</b>			
Behavioral Health Provider's Signature	Date	Behavioral Health Supervisor Signature (if needed):	Date

<b>PATIENT INFORMATION</b>				
Patient Name:			Rank/Grade:	Status:
Prefix:	DOB (YYYYMMDD):	Sponsor DOD ID:	MTF Code:	Date: