



**DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000**

REPLY TO
ATTENTION OF

MCCS

OTSG/MEDCOM Policy Memo 11-034

Expires 28 April 2013

28 APR 2011

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Department of the Army (DA) Form 3822, Mental Status Evaluation

1. References:

a. Army Regulation (AR) 40-66, Medical Record Administration and Healthcare Documentation, 4 Jan 10.

b. MEDCOM Regulation 40-38, Command-Directed Mental Health Evaluations, 1 Sep 01.

c. Department of Defense Directive (DoDD) 6490.1, Mental Health Evaluations of Members of the Armed Forces, 1 Oct 97.

d. Department of Defense Instruction (DoDI) 6490.4, Requirements for Mental Health Evaluations of Members of the Armed Forces, 28 Aug 97.

2. Purpose: Provide guidance for behavioral healthcare providers and Military Treatment Facility (MTF) commanders on use of the DA Form 3822 when evaluating and/or treating patients with behavioral health (BH) diagnosis.

3. Proponent: The proponent for this policy is the Chief, Behavioral Health Division, Assistant Chief of Staff for Health Policy and Services.

4. Background:

a. There are many forms used throughout Army BH, MTFs and clinics to evaluate patients with BH related concerns and diagnosis. These forms include DA Form 3822R, Report of Behavioral Health Evaluation, the unofficial MEDCOM Form 40-38, Report of Behavioral Health Evaluation, and the MEDCOM 699, Mental Status Evaluation.

b. On 4 Jan 10, DA Form 3822 (Appendix A) was implemented through AR 40-66, Medical Record Administration and Healthcare Documentation Rapid Action Revision. DA Form 3822 has been updated and now incorporates key components formally identified in the unofficial MEDCOM 40-38 and MEDCOM 699.

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SUBJECT: Department of the Army (DA) Form 3822, Mental Status Evaluation

5. Policy:

a. DA Form 3822 is used by BH providers to obtain a comprehensive cross-sectional description of a patient's BH status, which is an important part of the clinical assessment process in psychiatric practice. It is a structured way of observing and describing a patient's current state of mind, under the domains of appearance, attitude, behavior, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgment.

b. DA Form 3822 is the only authorized format for use by MTF BH providers when documenting a report of behavioral or mental health status. Alternative substitution is not authorized.

c. DA Form 3822 is the only acceptable form in compliance with Command Directed Evaluations, administrative separation requirements, mandatory school evaluations and when communicating BH concerns to Army leaders.

FOR THE COMMANDER:

Encl
as


HERBERT A. COLEY
Chief of Staff

Appendix A

REPORT OF MENTAL STATUS EVALUATION <small>For use of this form, see AR 40-60; the proponent agency is OTSG.</small>	
NAME	GRADE
REASON FOR EVALUATION	
1. REQUEST A MENTAL STATUS EVALUATION FOR THE ABOVE NAMED SOLDIER WHO IS BEING CONSIDERED FOR DISCHARGE BECAUSE OF <input type="checkbox"/> PERSONALITY DISORDER <input type="checkbox"/> MISCONDUCT <input type="checkbox"/> REQUEST FOR DISCHARGE FOR GOOD OF SERVICE <input type="checkbox"/> OTHER (See Remarks)	
NOTE: IF NECESSARY, INCLUDE SPECIFIC REASONS IN REMARKS	
EVALUATION	
2. BEHAVIOR (Check all that apply) <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> NORMAL <input type="checkbox"/> PASSIVE <input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> HOSTILE <input type="checkbox"/> SUSPICIOUS <input type="checkbox"/> BIZARRE	
3. LEVEL OF ALERTNESS (Check one) <input type="checkbox"/> FULLY ALERT <input type="checkbox"/> DULL <input type="checkbox"/> SOMNOLENT	
4. LEVEL OF ORIENTATION (Check one) <input type="checkbox"/> FULLY ORIENTED <input type="checkbox"/> PARTIAL <input type="checkbox"/> DISORIENTED	
5. MOOD OR AFFECT (Check all that apply) <input type="checkbox"/> ANXIOUS <input type="checkbox"/> FLAT <input type="checkbox"/> UNREMARKABLE <input type="checkbox"/> DEPRESSED <input type="checkbox"/> LABILE <input type="checkbox"/> MANIC OR HYPOMANIC	
6. THINKING PROCESS (Check one) <input type="checkbox"/> CLEAR <input type="checkbox"/> CONFUSED <input type="checkbox"/> BIZARRE <input type="checkbox"/> LOOSELY CONNECTED	
7. THOUGHT CONTENT (Check one) <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/> HALLUCINATION <input type="checkbox"/> PARANOID IDEATION <input type="checkbox"/> DELUSIONS	
8. MEMORY (Check one) <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
IMPRESSION (Check all that apply)	
9. IN MY OPINION, THIS SOLDIER <input type="checkbox"/> HAS THE MENTAL CAPACITY TO UNDERSTAND AND PARTICIPATE IN THE PROCEEDINGS <input type="checkbox"/> WAS MENTALLY RESPONSIBLE <input type="checkbox"/> MEETS THE RETENTION REQUIREMENTS OF CHAPTER 3, AR 40-501 <input type="checkbox"/> NEEDS FURTHER EXAMINATION (See Remarks) <input type="checkbox"/> OTHER (See Remarks)	
Based on this patient's evaluation at _____ (place) on _____ (date in YYYYMMDD format), the diagnostic impressions (within AR 40-501, AR 635-200, and the Diagnostic and Statistical Manual (DSM IV)) are as follows:	
Axis I: Axis II: Axis III: REMARKS: RECOMMENDATIONS:	
SIGNATURE	DATE (YYYYMMDD)

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 (Drill Instructor, Recruiter, etc) |
| <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/ME |
| <input type="checkbox"/> Other: _____ | |

SECTION II - FITNESS FOR DUTY

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

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

SECTION III - PERTINENT FINDINGS ON MENTAL STATUS EXAMINATION

- COGNITION:** ☐ No obvious impairments ☐ Mildly impaired ☐ Moderately impaired ☐ Severely impaired
- BEHAVIOR:** ☐ Cooperative ☐ Uncooperative ☐ Manipulative ☐ Hostile ☐ Suspicious ☐ Bizarre
- PERCEPTIONS:** ☐ Normal ☐ Hallucinations ☐ Delusions ☐ Obsessions
- IMPULSIVITY:** ☐ Unlikely to be impulsive ☐ Occasionally impulsive ☐ Frequently impulsive
- DANGEROUSNESS:** ☐ None ☐ Suicidal Thoughts ☐ Homicidal Thoughts ☐ Suicidal Intent ☐ Homicidal Intent
- OTHER:** _____

SECTION IV - IMPRESSIONS

IN MY OPINION, THIS SERVICE MEMBER:

- ☐ Can understand and participate in administrative proceedings
- ☐ Can appreciate the difference between right and wrong
- ☐ Meets medical retention requirements (i.e., does not qualify for a Medical Evaluation Board)
- ☐ Requires further examination or testing to finalize diagnosis and recommendations
- ☐ 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

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 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 as related to access to classified materials.
- ☐ 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 (e.g., recruiting, drill instructor, sniper school, etc).
- ☐ 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)