



Memphis Fire Dept.

Call#

Booklet ID or Matching Number

Image Type

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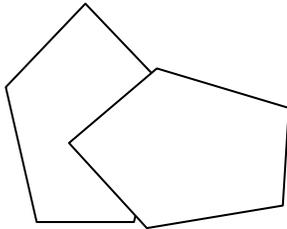
Patient First Name

Patient Last Name

Memphis Fire Department Mini-Mental Exam/Thrombolytic Screen

Administered by:

Date:

	A score of 21 or better is considered mentally competent by most psychiatrists for a patient to make independent decisions.
5 _____ 5 _____	<u>Orientation:</u> What is the year? _____ Season? _____ Month? _____ Date: _____ Day? _____ What city are we in? _____ County? _____ State? _____ Building? _____ Street? _____
3 _____	<u>Registration:</u> "boy, dog, ball" Name 3 unrelated objects and have the patient repeat them. (One point for each object named correctly on the 1 st repetition.) Although 1 st repetition determines score, patient has up to 6 trials. Record # of trials: _____
5 _____	<u>Attention & Calculation:</u> Subtract 7 from 100 and keep subtracting each number (93, 86, 79, 72, 65). One point for each correct answer. (Alternative: Spell W-O-R-L-D backwards. One point for each letter in correct order.)
3 _____	<u>Memory:</u> What are the 3 objects you were asked to remember? (One point each.)
2 _____ 1 _____ 3 _____ 1 _____ 1 _____ 1 _____ Total Score: _____	<u>Language and Visuo-spatial Skills:</u> Name these objects: (point to watch, then a pencil, one point each) Repeat the following statement: "No ifs, ands or buts". (Allow only one trial.) Follow this command: Take this paper in your right hand, fold it in half and put it on the floor. (One point for each stage performed correctly.) Read and obey this: CLOSE YOUR EYES (One point if he/she closes eyes.) Write a sentence below. (Needs to contain subject and verb. Correct grammar/punctuation not necessary.) Copy this design: 

Thrombolytic Screen

Time of onset of symptoms _____				
Systolic BP > 240mmHg	YES _____	NO _____		
Diastolic BP > 110	YES _____	NO _____		
Right arm vs. Left arm Systolic BP > 15mmHg	YES _____	NO _____		
History of recent brain/spinal cord surgery, CVA, or injury	YES _____	NO _____		
Recent trauma or surgery	YES _____	NO _____		
Bleeding disorder that causes the patient to bleed excessively	YES _____	NO _____		
Prolonged CPR (>10 minutes)	YES _____	NO _____		
Pregnancy	YES _____	NO _____		
Taking Coumadin, Aspirin, or other blood thinners	YES _____	NO _____		

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