

		CODE				
MOVEMENT RATINGS: Rate highest severity observed		0	-	None		
		1	-	Minimal (may be extreme normal)		
		2	-	Mild		
		3	-	Moderate		
		4	-	Severe		
FACIAL AND ORAL MOVEMENTS	1.	Muscle of facial expression (e.g. movements of forehead, eyebrows, periorbital area, cheeks). Include frowning, blinking, smiling, grimacing.				<input type="checkbox"/>
	2.	Lips and perioral area, (e.g. puckering, pouting, smacking)				<input type="checkbox"/>
	3.	Jaw, (e.g. biting, clenching, chewing, mouth opening, lateral movements)				<input type="checkbox"/>
	4.	Tongue (Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.)				<input type="checkbox"/>
EXTREMITY MOVEMENTS	5.	Upper (arms, wrists, fingers) Include choreic movements (i.e. rapid objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor (i.e., repetitive, regular, rhythmic).				<input type="checkbox"/>
	6.	Lower (legs, knees, ankles, toes) (e.g. lateral knee movements, foot tapping, heel drooping, foot squirming, inversion and eversion of foot)				<input type="checkbox"/>
TRUNK MOVEMENTS	7.	Neck, shoulders, hips, (e.g. cocking, twisting, squirming, pelvic gyrations)				<input type="checkbox"/>
GLOBAL JUDGEMENTS	8.	Severity of abnormal movements				<input type="checkbox"/>
	9.	Incapacitation due to abnormal movements				<input type="checkbox"/>
	10.	Patient's awareness of abnormal movements (rate only patient's report)				
		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		No Awareness	Aware, No Distress	Aware, Mild Distress	Aware, Moderate Distress	Aware, Severe Distress
DENTAL STATUS	11.	Current problems with teeth and/or denture			1 - Yes	<input type="checkbox"/>
					2 - No	
	12.	Does patient usually wear dentures?			1 - Yes	<input type="checkbox"/>
					2 - No	

M.D. SIGNATURE

PRINTED NAME

DATE OF EVALUATION

**ABNORMAL INVOLUNTARY MOVEMENT SCALE**

County of San Bernardino  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 CONFIDENTIAL PATIENT INFORMATION  
 SEE W&I CODE 5238

NAME:

CHART NO.:

DOB:

PROGRAM: