

Interviewer Name: _____ Date: _____

Patient Name: Ali, Ali DOB: 27
Mother: Job: House wife Description: الابنة الثانية، ابنة الطبيب
Father: Job: 6th grade / 1st year Description: الابن الثاني، 6th grade / 1st year
Siblings: Order: 5/5; significant data: 3 boys from father, 1 sister from mother
Marital Status: Engaged Sept 24 Children: 240 relationship perfectionist
Patient Education: 30 years old الطبيب النفسي

Patient Employment: Account manager / sales Bamboo straw

CC: _____

Complaint: Anxiety, emotional lability, fear of abandonment,
? Dissociation, suicidal attempt previously, diagnosed
causality: forgetfulness, decreased concentration

Depression	Mania
<input checked="" type="checkbox"/> Persistent sadness or low mood <input type="checkbox"/> Loss of interest or pleasure in activities <input type="checkbox"/> Changes in appetite or weight <input checked="" type="checkbox"/> Sleep disturbances (too much or too little) <input checked="" type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Feelings of worthlessness or guilt <input checked="" type="checkbox"/> Difficulty concentrating or making decisions <input checked="" type="checkbox"/> Thoughts of death or suicide <input checked="" type="checkbox"/> Physical aches and pains without cause <input type="checkbox"/> Withdrawal from social life	<input type="checkbox"/> Increased energy or activity <input type="checkbox"/> Inflated self-esteem or grandiosity <input type="checkbox"/> Decreased need for sleep <input type="checkbox"/> Racing thoughts or rapid speech <input type="checkbox"/> Distractibility <input type="checkbox"/> Impulsive or risky behavior <input type="checkbox"/> Increased goal-directed activity <input type="checkbox"/> Irritability or agitation <input type="checkbox"/> Poor judgment <input type="checkbox"/> Psychotic Symptoms
Schizophrenia	GAD
<input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Disorganized thinking or speech <input type="checkbox"/> Unusual or disorganized behavior <input type="checkbox"/> Lack of motivation or emotion <input type="checkbox"/> Social withdrawal <input type="checkbox"/> Flat affect (reduced emotional expression)	<input checked="" type="checkbox"/> Excessive worry about various things <input checked="" type="checkbox"/> Restlessness or feeling "on edge" <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Difficulty concentrating <input checked="" type="checkbox"/> Irritability <input checked="" type="checkbox"/> Muscle tension <input checked="" type="checkbox"/> Sleep disturbances

<input type="checkbox"/> Difficulty with attention and memory	<input type="checkbox"/> Overthinking worst-case scenarios
OCD	Cluster A Personality Traits
<input type="checkbox"/> Intrusive, unwanted thoughts <input type="checkbox"/> Repetitive behaviors or rituals <input type="checkbox"/> Excessive focus on order, symmetry, or cleanliness <input type="checkbox"/> Fear of contamination <input type="checkbox"/> Repeating actions <input type="checkbox"/> Time-consuming routines interfere with life <input type="checkbox"/> Distress if unable to perform rituals	Paranoid Traits <input type="checkbox"/> Distrusts others without sufficient basis <input type="checkbox"/> Reads hidden threats into benign remarks <input type="checkbox"/> Reluctant to confide in others <input type="checkbox"/> Bears grudges <input type="checkbox"/> Suspects partner of infidelity Schizoid Traits <input type="checkbox"/> Detached from social relationships <input type="checkbox"/> Prefers solitary activities <input type="checkbox"/> Little interest in emotional intimacy <input type="checkbox"/> Appears emotionally cold or flat <input type="checkbox"/> Indifferent to praise or criticism Schizotypal Traits <input type="checkbox"/> Odd beliefs or magical thinking <input type="checkbox"/> Unusual perceptual experiences <input type="checkbox"/> Odd speech or behavior <input type="checkbox"/> Social anxiety that doesn't ease <input type="checkbox"/> Suspiciousness or paranoid ideation <input type="checkbox"/> Inappropriate or constricted affect
Cluster B Personality Traits	Cluster C Personality Traits
Antisocial Traits <input type="checkbox"/> Disregards others' rights <input type="checkbox"/> Impulsive and irresponsible <input type="checkbox"/> Deceitful and manipulative <input type="checkbox"/> Repeatedly engages in illegal acts <input type="checkbox"/> Lacks remorse Borderline Traits <input checked="" type="checkbox"/> Intense and unstable relationships <input checked="" type="checkbox"/> Emotional instability or mood swings <input checked="" type="checkbox"/> Fear of abandonment <input checked="" type="checkbox"/> Identity disturbance <i>emphasized</i> <input checked="" type="checkbox"/> Self-harm or suicidal behaviors <input checked="" type="checkbox"/> Impulsivity (e.g., sex, drugs, spending) Histrionic Traits <input type="checkbox"/> Seeks to be center of attention <input type="checkbox"/> Shallow, rapidly shifting emotions <input type="checkbox"/> Inappropriately seductive behavior <input type="checkbox"/> Overly dramatic, theatrical speech <input type="checkbox"/> Easily influenced by others Narcissistic Traits <input type="checkbox"/> Grandiose sense of self-importance <input type="checkbox"/> Preoccupied with fantasies of success <input type="checkbox"/> Requires excessive admiration <input type="checkbox"/> Lacks empathy	Avoidant Traits <input type="checkbox"/> Avoids social contact due to fear of criticism or rejection <input type="checkbox"/> Feels inadequate or socially inept <input type="checkbox"/> Reluctant to take risks or try new things <input type="checkbox"/> Inhibited in new social situations <input type="checkbox"/> Extremely sensitive to negative evaluation Dependent Traits <input type="checkbox"/> Difficulty making everyday decisions without reassurance <input type="checkbox"/> Needs others to assume responsibility <input type="checkbox"/> Feels helpless when alone <input type="checkbox"/> Urgently seeks new relationships for support <input type="checkbox"/> Difficulty expressing disagreement Obsessive-Compulsive Personality Traits <input type="checkbox"/> Preoccupied with order, perfection, and control <input type="checkbox"/> Rigid about rules and morality <input type="checkbox"/> Excessively devoted to work at the expense of leisure <input type="checkbox"/> Inflexible about how things should be done <input type="checkbox"/> Reluctant to delegate

- | | |
|---|--|
| <input type="checkbox"/> Exploits others for personal gain
<input type="checkbox"/> Arrogant or entitled | |
|---|--|

Drug History:

φ

Forensic History:

φ

Current Risk: ☒ Hx of Suicide ☐ Hx of DSH ☒ Current death wishes ☒ Current Suicide intent
☒ Current plan ☐ Risk to others

Current Meds: Elavil med, Percocet, Amitriptyline 2-0-1

Past Medical History: Fibromyalgia

Assessment and Diagnosis: Mixed anxiety depression on top of BPD

Plan:

- Medications: Trileptal 300mg BID
Prozac 20mg

☒ Patient informed regarding possible side effects

- Labs: To follow next time

- Psychometric tests:

- Therapy: