

<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 type="checkbox"/> Intense and unstable relationships <input type="checkbox"/> Emotional instability or mood swings <input type="checkbox"/> Fear of abandonment <input type="checkbox"/> Identity disturbance <input type="checkbox"/> Self-harm or suicidal behaviors <input 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 checked="" type="checkbox"/> Avoids social contact due to fear of criticism or rejection <input checked="" type="checkbox"/> Feels inadequate or socially inept <input checked="" type="checkbox"/> Reluctant to take risks or try new things <input checked="" type="checkbox"/> Inhibited in new social situations <input checked="" type="checkbox"/> Extremely sensitive to negative evaluation Dependent Traits <input checked="" type="checkbox"/> Difficulty making everyday decisions without reassurance <input checked="" type="checkbox"/> Needs others to assume responsibility <input checked="" type="checkbox"/> Feels helpless when alone <input type="checkbox"/> Urgently seeks new relationships for support <input checked="" 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: _____

NA

Forensic History: _____

NA

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

Current Meds: _____

NA

Past Medical History: _____

NA

Assessment and Diagnosis: Marital problem

Plan:

- Medications: _____

☐ Patient informed regarding possible side effects

- Labs: _____

- Psychometric tests: _____

- Therapy: Complex counseling

Interviewer Name: Dr. BassamDate: 19/6/2015Patient Name: أحمد عبد العزيز (أبي) DOB: 3340Mother Job: معلمة Description: علاقتي جيدة، حنون، لطيفةFather Job: مهندس Description: ي حاله مرض نفسي شديداً، يربك الأمرSiblings: Order: 4/4; significant data: 17, 14, 4 years difference, 3 siblings (disorder)Marital Status: Married Children: NAPatient Education: Studied MIT, worked in Microsoft (last year in college)Holman Computer SciencePatient Employment: Software engineerManagerCC: علاقتي بمراتي بدأت سيئة وعازلة انفصلComplaint: الانفصال شديدة وباضيق، متضايق لوجودها وتخرج لوجودها عائلتيلوجودها كدة، استعنا: الان قاسي حاد من العاطلة بيديهم وعش جداًالمريض (الزوج) كنت بكم مستجوب من الاول، تعلمت العذاب يوم قبل كذا الكتابولنا من عيشه حاد جداً وافقت واستجوبنا انا حاسن انها خافض اهل لها فقلتالعذاب

Anxious Avoidant Personality

Depression	Mania
<input 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 type="checkbox"/> Sleep disturbances (too much or too little) <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Feelings of worthlessness or guilt <input type="checkbox"/> Difficulty concentrating or making decisions <input type="checkbox"/> Thoughts of death or suicide <input 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 type="checkbox"/> Excessive worry about various things <input type="checkbox"/> Restlessness or feeling "on edge" <input type="checkbox"/> Fatigue <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Irritability <input type="checkbox"/> Muscle tension <input type="checkbox"/> Sleep disturbances