

# Form 7.1

## Diagnostic evaluation form

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### Your current psychiatric history (mood disorder)

We will start with your current psychiatric history—in other words, the most likely mood disorder diagnosis from Chapter 3.

Check the box corresponding to your most likely mood disorder diagnosis from Chapter 3, Interpreting your results.

- Major depressive disorder
- Dysthymic disorder
- Depressive disorder not otherwise specified
- Adjustment disorder with depressed mood
- Bipolar type I disorder
- Bipolar type II disorder
- Cyclothymic disorder
- Bipolar disorder not otherwise specified
- Mood disorder due to a medical condition

Check the box corresponding to your current mood from Chapter 3, Mood episodes.

- Full remission (euthymic)
- Depressed
- Hypomanic
- Manic
- Mixed depression and mania

Check the boxes corresponding to the symptoms you are currently experiencing from Chapter 3, Mood episodes. Mark all that apply. If you are currently in full remission, then go on to next question.

- Depressed mood
- Anhedonia (lose of interest in/difficulty enjoying normally pleasurable activities)
- Appetite/weight change
  - Increased
  - Decreased

- Sleep change
  - Increased
  - Decreased
- Psychomotor change
  - Increased
  - Decreased
- Fatigue
- Thoughts/feelings of worthlessness and/or guilt
- Difficult with thinking and/or concentrating and problems with indecisiveness
- Thoughts of death or suicide
- Low self-esteem
- Hopelessness
- Mood elevation
- Excessively happy/euphoric
- Irritable/agitated
- Grandiosity/elevated self-esteem
- Decreased need for sleep
- Increased talkativeness
- Racing thoughts
- Distractibility
- Increased activity
- Increased involvement in pleasurable activity with potential for negative consequences
- Psychotic symptoms
  - Hallucinations
  - Delusions

Check the box corresponding to the severity of your current mood symptoms. Use an average over the last two weeks if your symptoms are waxing and waning.

- In full remission (you are not experiencing any symptoms)
- Mild (you are aware of your symptoms but they are mild and there is minimal impairment of your social and/or occupational functioning)
- Moderate (your symptoms are between mild and severe)
- Severe (your symptoms are very distressing and/or there is significant impairment of your social and/or occupational functioning)

Check the box corresponding to any statements that apply to you in regard to stress and your current mood episode.

- Current mood episode came on out of the blue (not related to any apparent stress).
- Current mood episode came on during a period of greater than normal stress.
  - o List stressor(s) \_\_\_\_\_
- Current stress level is low or very low (go on to next section on treatment).
- Current stress level is moderate or higher.
  - o List if different from above \_\_\_\_\_

Check the boxes corresponding to any treatment you have received for your current mood episode (treatment for previous episodes will be listed below).

- No treatment (go on to the next section)
- Psychotherapy (complete the psychotherapy table)
- Pharmacotherapy (complete the pharmacotherapy table)
- Hospitalization
- Other (please list): \_\_\_\_\_
- Self-help approaches (please list): \_\_\_\_\_

Psychotherapy you have received for this mood episode

Type of therapy	Frequency of sessions	Duration of treatment	Response (pick one)	Currently receiving this therapy?
			No response Partial response Full remission	
			No response Partial response Full remission	
			No response Partial response Full remission	

Pharmacotherapy you have received for this mood episode

Type of mood episode	Medication name	Maximum total daily dose in milligrams	Duration of treatment at maximum dose	Response (pick one)	Currently taking?	Any side effects?
				No response Partial response Full remission		
				No response Partial response Full remission		
				No response Partial response Full remission		
				No response Partial response Full remission		

**Your current psychiatric history (other disorders)**

In this section, you will provide information about possible coexisting conditions.

Check the box corresponding to all disorders that the exercises in Chapter 3 suggested you might be experiencing or have experienced in the past.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None (skip to next section)   | <input type="checkbox"/> Generalized anxiety disorder | <input type="checkbox"/> PTSD            |
| <input type="checkbox"/> Substance use disorder        | <input type="checkbox"/> Panic disorder               | <input type="checkbox"/> ADHD            |
| <input type="checkbox"/> Psychotic disorder            | <input type="checkbox"/> Specific phobia              | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Obsessive-compulsive disorder | <input type="checkbox"/> Social phobia                |  |

Complete the table for any conditions that you checked above

Disorder	How long have you suffered from this condition?	Currently experiencing symptoms?	Current symptoms (if any)	Treatments and responses (if any)

## Your past mood episodes

In this section, you will provide information about all of your previous mood episodes.

Check the box corresponding to any mood episodes that you have previously experienced (from Chapter 3).

- No prior mood episodes (skip to next section)
- Major depressive episode
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_
- Dysthymic episode
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_
- Other depressive episode
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_
- Manic episode
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_
- Hypomanic episode
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_
- Mixed episode
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_
- Other mood elevation episode
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_
- Mood episode due to a medical condition
  - Approximate lifetime number of episodes \_\_\_\_\_
  - Approximate average duration of episodes \_\_\_\_\_

Check the boxes corresponding to any treatment you have received for your previous mood episode (treatment for previous episodes will be listed below).

- No treatment (go on to the next section)
- Psychotherapy (complete the psychotherapy table)
- Pharmacotherapy (complete the pharmacotherapy table)
- Hospitalization
- Other (please list): \_\_\_\_\_  
\_\_\_\_\_
- Self-help approaches (please list): \_\_\_\_\_  
\_\_\_\_\_

Psychotherapy for previous mood episodes

Type of mood episode	Type of therapy	Frequency of sessions	Duration of treatment	Response (pick one)
				No response Partial response Full remission
				No response Partial response Full remission
				No response Partial response Full remission

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**Pharmacotherapy you have received for previous mood episodes**

Type of mood episode	Medication name	Maximum total daily dose in milligrams	Duration of treatment at maximum dose	Response (pick one)	Currently taking?	Any side effects?
				No response Partial response Full remission		
				No response Partial response Full remission		
				No response Partial response Full remission		
				No response Partial response Full remission		
				No response Partial response Full remission		

**Your medical and surgical history**

In this section, you will have the opportunity to organize information about any medical or surgical conditions that you may have experienced as well as any nonpsychiatric medications you may be taking.

Current and previous medical illnesses

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Surgeries

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Serious injuries

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Current prescribed medications

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Over-the-counter medications or supplements that you take on a regular basis

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### Your family history

Please use this section to provide information about any psychiatric or medical disorders that run in your biological family. Two categories of relatives are listed. First-degree relatives (parent/child or sibling) are the most important. "Other relatives" include anyone else who is your blood relative. Information about closer relatives is more useful than about those who are more distant kin. In many cases, you may not be sure whether a relative has had a specific disorder. Sometimes family members exhibit symptoms but we don't know whether they have ever been formally diagnosed or meet the full criteria for a condition. So, just provide the best information you can.

Check the boxes corresponding to any psychiatric disorders experienced by your biological relatives.

- Major depressive disorder
  - Parent/child or sibling with condition. Number with condition: \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Dysthymic disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_



- Depressive disorder of unknown type
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Bipolar type I disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Bipolar type II disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Cyclothymic disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Bipolar disorder of unknown type
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Substance use disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Schizophrenia or other **psychotic disorder**
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Obsessive-compulsive disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Generalized anxiety disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Panic disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Specific phobia
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_

- Social phobia
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- PTSD
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- ADHD
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_
- Eating disorder
  - Parent/child or sibling with condition. Number with condition \_\_\_\_\_
  - Other relative with condition. Number with condition \_\_\_\_\_

### Questions to ask at the psychiatric evaluation

What is my primary psychiatric diagnosis?

What (if any) secondary diagnoses do I have?

What treatment(s) are you recommending?

Why are you recommending these specific treatment options?

Are there any alternative treatment strategies that I could consider?

What should I expect if I choose not to start treatment?

What are the possible risks and side effects associated with the recommended treatment?

What should I do if I start to experience side effects?

How soon should I expect to notice some improvement?

How frequently should I schedule follow-up appointments during treatment?

What should I do if I have a serious problem after hours or on the weekend?

How long will I likely have to continue treatment?

What is the long-term prognosis for my condition?