

PAC SUMMARY FORM

The therapist uses this form to summarize important issues while scanning the completed PAC forms.
This summary can help guide the initial evaluation and diagnostic session(s).

Patient Name: _____ **Date** _____

From Overview of PAC Forms completed by the patient:

Presenting Problems (brief notes): 1. _____
2. _____
3. _____

Axis III Medical Conditions: **No Yes** _____

Current Medications: **No Yes** _____

Axis IV Current Severe Stressors: **No Yes** _____

Axis V Overall Functioning: **Mood** _____ **Social Functioning** _____ **Work/School** _____

Other points to note: _____

Axis I Diagnoses to check further: ****Suicidal Items Checked:** Thoughts __ Plan __ Action __

- | | |
|---|--|
| <input type="checkbox"/> Major Depression | <input type="checkbox"/> Panic Disorder with/without AGR |
| <input type="checkbox"/> Dysthymia | <input type="checkbox"/> Obsessive/Compulsive |
| # depressive items _____** | <input type="checkbox"/> Past Major Depression |
| <input type="checkbox"/> Manic | <input type="checkbox"/> Post-Traumatic Stress Disorder |
| <input type="checkbox"/> Past Manic | <input type="checkbox"/> Agoraphobia |
| | # anxiety items _____ |
| <input type="checkbox"/> Delusions | <input type="checkbox"/> Social Phobia |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Simple Phobia |
| | <input type="checkbox"/> Generalized Anxiety Disorder |
| <input type="checkbox"/> Alcohol Dependence/Abuse | # anxiety items _____ |
| <input type="checkbox"/> Drug Dependence/Abuse | <input type="checkbox"/> Somatization/ Hypochondriasis |
| | <input type="checkbox"/> Anorexia |
| | <input type="checkbox"/> Bulimia |
| | <input type="checkbox"/> Attention Deficit Disorder |

Axis II Diagnoses to check further: (Note the number of 'yes' items in each category. The validity of each item answered 'yes' needs to be verified, based on DSM-IV criteria; i.e., Is there evidence of the behavior for 1) Lifetime persistence, 2) Pervasiveness, and. 3) Problematic to the individual.

Cluster C (Anxious)

- Avoidant
- Dependent
- Obsessive Compulsive
- Negativistic
- Depressive
- Self-Defeating (*No longer in DSM-IV*)

Cluster A (Withdrawn):

- Paranoid
- Schizoid
- Schizotypal

Cluster B (Impulsive)

- Histrionic
- Narcissistic
- Borderline
- Antisocial

____ **TOTAL ITEMS/CLUSTER C** ____ **TOTAL/CLUSTER A** ____ **TOTAL/CLUSTER B**

TOTAL ITEMS ANSWERED FOR ALL 3 CLUSTERS