PAC SUMMARY FORM (DSM-5)

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).

Name:		DOB:	Date:		
Dracantina	1				
Presenting	1				
Problems:	2				
	3				
Medical Cond					
Physical symp					
Medications:	No Yes (see supplie	ed list)			
Current Severe	e stressors:				
Past Sev	ere Stressors:				
Life's best time):	Worst time:	Shame?	Yes/No	
Self-worth:	elf-worth: Other notes:				
Self-Assessme	nt of Functioning:	Mood Social Functi	oning Work/School _		
Diagnoses to	check:	**Suicidal Items Ch	ecked: Thoughts Plan A	Action	
Past APersistManicPast ADelusiSchizeAlcohDrugPanicAgore	Manic	# anxiety ite Post-Traumatic St Obsessive/Comp Body Dysmorphic HoardingTrich Somatic Illness Anxiety Disc	ems ress Disorder ulsive : Disorder otillomaniaExcoriation Symptom Disorder order		
answere	d 'yes' needs to be verit		ch category. The validity of eac i.e., Is there evidence of 1) Lifet idual.		
Cluster C (Anx	•	Cluster A (Withdrawn):	Cluster B (Impulsive)		
Avoidant		Paranoid	Histrionic		
DependentObsessive Co	mpulsive	Schizoid Schizotypal	Narcissistic Borderline		
TOTAL ITEMS/	·	TOTAL/CLUSTER A	AntisocialTOTAL/CLUSTER B		
(Not in DSM) Passive-AggrDepressiveSelf-Defeatin	essive/Negativistic g	TOTAL ITEMS ANSWERED FOR	ALL 3 CLUSTERS		