

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**Cluster A (Withdrawn):**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