**DR. E. ANTHONY ALLEN**

Consultant Psychiatrist

**Registration Form**

**PLEASE PRINT CLEARLY**

NAME OF PATIENT: .....

ADDRESS: .....

COUNTRY OF ORIGIN: .....

TELEPHONE NUMBER: ..... HOME ..... WORK

EMAIL ADDRESS: .....

DATE OF BIRTH (dd/mm/yyyy): ..... AGE .....

SEX: MALE ( ) FEMALE ( )

MARITAL STATUS : SINGLE ( ) MARRIED ( ) COMMON LAW ( ) WIDOWED ( ) SEPARATED ( ) DIVORCED ( )

OCCUPATION: .....

NEXT OF KIN: ..... RELATIONSHIP.....

ADDRESS: .....

CONTACT NUMBER: .....HOME .....WORK

RELIGIOUS AFFILIATION: .....

SOURCE OF REFERRAL:. GENERAL PRACTITIONER ( ) FAMILY ( ) FRIEND ( ) EMPLOYER ( ) PRINCIPAL ( ) TEACHER/LECTURER ( ) SCHOOL/COLLEGE COUNSELLOR( ) MEDICAL SPECIALIST ( )COUNSELLOR ( ) PSYCHOLOGIST ( ) SOCIAL WORKER ( ) PASTOR ( ) LAWYER ( ) COURT ( ) DIRECTORY ( ) INTERNET ( ) SELF ( )

OTHER ( ), SPECIFY……

SPECIFY NAME OF REFERRING PROFESSIONAL:.....….

ADDRESS:…… TEL. NO.: ……..

DATE:.....

**FOR OFFICE USE**

**DISCHARGE AND EVALUATION**

NUMBER OF VISITS ON FIRST TERMINATION ( )
MANNER OF TERMINATION**:**

Defaulted improved ( ) Discharged Improved ( ) Public Outpatient ( ) Clinic ( ) Other referral ( )
Specify .....

Defaulted No Improvement ( ) Public Hospitalization ( ) U. H. W. I. ( ) Bellevue ( ) Other ( )
Specify .....

SUBJECTIVE REPORT OF IMPROVEMENT (Degree)

| 1 = Mild | 2= Moderate | 3 = Marked | 0 = None |
|---|---|---|---|
| Symptoms ( ) | Life Adjustment ( ) | Personal Growth ( ) | |

GLOBAL ASSESSMENT BY THERAPIST (Degree of improvement)

| 1 = Mild | 2= Moderate | 3 = Marked | 0 = None |
|---|---|---|---|
| Symptoms ( ) | Life Adjustment ( ) | Personal Growth ( ) | |

**TO BE COMPLETED BY PHISICIAN**
**CASE FORMULATION**

I. OTHER BIOGRAPHICAL INFORMATION Ethnic Origin / Mixture .....
II. DIAGNOSTIC AXES (DSM IV CODES)

| | | Provisional | Final |
|---|---|---|---|
| *AXIS I:* Illness | 1 | ..... | ..... |
| | 2 | ..... | ..... |
| | 3 | ..... | ..... |
| *AXIS II:* .Personality. Mental Retard | 1. | ..... | ..... |
| | 2 | ..... | ..... |
| | 3 | ..... | ..... |
| *AXIS III*: Physical Illness | 1. ..... | 2..... ..... | ..... |
| | 3. ..... | ..... | ..... |

*AXIS IV*: Psychosocial and Environmental Problems:..... .....

1( ) Primary Support Group: Family.....
2( ) Primary Support Group: Marital.....
3( ) Primary Support Group Male – Female.....
4( ) Related to the Social Environment.....
5( ) Abuse or Neglect .....
6( ) Bereavement .....
7( ) Phase of Life .....
8( ) Academic.....
9( ) Occupational.....
10( ) Housing.....
11( ) Economic .....
12( ) Access to Health Care Services .....
13( ) Interaction with the Legal System/Crime .....
14( ) Religious or Spiritual .....
15( ) Acculturation .....
16( ) Physical Illness .....
17( ) Other.....

*AXIS V: Global Assessment of Functioning*: (Enter Score)Everyday Concerns 90 - 81 ( ) Transient 80 - 71 ( )
Mild 70 - 61 ( ) Moderate 60 - 51 ( ) Serious 50 - 21 ( ) Danger to self/others 20 - 1 ( ) Inadequate information 0 ( )

III. DEFENSIVE FUNCTIONING
A) Current Defenses or Coping Styles

| | | | |
|---|---|---|---|
| 1. Suppression | 5. Repression | 9. Undoing | 12. Splitting |
| 2. Altruism | 6. Displacement | 10. Somatization | 13. Projective Identification |
| 3. Sublimation | 7. Reaction formation | 11. Conversion | 14. Introjection |
| 4. Humour | 8. Isolation of Affect | | 15. Denial |

B) Predominant Current Defensive Level: Mature 1-4 ( ) Neurotic 5-11 ( ) Early ("premature") 12-15 ( )

IV. VULNERABILITY RISK FACTORS *Excluding Personality*: Indicate: Family history ( ) Physical Illness / Disability ( ) Socio-economic ( )
Support systems ( ) Family dysfunctionality ( ) Occupation ( ) Cultural ( ) *Spiritual ( )
**Existential ( ) Environmental ( ) Lifestyle ( ) Other ( ) .....
List Details: 1. ..... 2. .....
3. ..... 4. .....

V. SPECIAL OUTCOME RELATED RISK PROBLEMS NOT ALREADY MENTIONED

*A)* ***Primary contributory*** *attitudinal and situational problems*
Indicate: Cultural ( ) Self awareness ( ) Help Seeking Patterns ( ) Wholistic Mindedness ( ) Communication difficulty ( )
Other ( ).....
List Details: 1. ..... 2. ..... 3. .....

*B) Attitudinal and situational problems* ***secondary*** *to ones illness*
Indicate: Reaction to illness ( ) Compliance ( ) Communication difficulty ( ) Family Reaction ( ) Social Displacement ( )
Other ( ).....
List Details: 1. ..... 2. ..... 3. .....

*C) Relapse risk factors* (Wholistic): 1. ..... 2. ..... 3. .....

*D) Use of other healing methods*
Physical, Medical & Allied ( ) "Home Remedies" ( ) Alternative Medicine ( ) Natural methods otherwise designated ( )
Obeah ( ) Myal ( ) Revival ( ) Balm yard ( ) Pocomania ( ) Spiritualist ( ) Divine Healing (Christian) ( )
Others specify .....

VI.. Strengths: Inner: .....
VII. Treatment Alliance: .....
VIII. FEATURES OF SPECIAL INTEREST .....
Comments .....

**Signed .....**

* This includes factors such as: regularity of involvement in religious worship and group activities, private prayer and scripture reading, spiritual beliefs, perceptions of the nature of one's God or Higher Power, and one's experience of this God / Higher Power. Is religion a source of strength or confusion, conflict or trauma?
** This includes factors such as: one's sense of meaning and purpose in life, hope vs. despair, belonging vs. alienation, courage to choose and take responsibility, self esteem and identity vs. identity confusion.

**PSYCHIATRIC PLANNING TREATMENTCHECKLIST**

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**Name of Patient .....** **Date .....**

**PROBLEM ORIENTED RECORD**

The completion of each intervention can be indicated by date and comments (e.g. results) indicated.

| PROBLEMS | INTERVENTIONS | COMPLETED DATE AND COMMENTS |
|---|---|---|
| **AXIS I** | | |
| - | | |
| - | | |
| - | | |
| **AXIS II** | | |
| - | | |
| - | | |
| - | | |
| **AXIS III** | | |
| - | | |
| - | | |
| **AXIS IV** | | |
| - | | |
| - | | |
| **Vulnerability Risk Factors** | | |
| - | | |
| - | | |
| - | | |
| **Special Outcome Related Risk Factors** | | |
| - | | |
| - | | |
| - | | |

Please indicate details beside each item.

GOALS OF PATIENT/CLIENT.....……..

PRACTICAL ARRANGEMENT
Contract ……..
Special Fee Arrangement $……..

1.0 SETTING
1.1 ☐ **Outpatient** 1.2 ☐ **Inpatient Admission** (Periods 1…… 2……. 3…….4…….)
1.3 ☐ **Day patient** (Periods 1…… 2……. 3…….4…….)
1.4 ☐ **Nursing Home** 1.5 ☐ **Home** 1.6 ☐ **Other** …….

2.0 FORMAT (specify which of the below treatments per format)
2.1 ☐ **Individual** ..... 2.2 ☐ **Premarital** .....……
2.3 ☐ **Marital** ..... 2.4 ☐ **Family** .....
2.5 ☐ **Group** ..... 2.6 ☐ **Other** .....

3.0 INVESTIGATIONS (Specify)
3.1 ☐ **Psychology** ..... 3.2 ☐ **History** .....……
3.3 ☐ **Family** ..... 3.4 ☐ **Social** .....…..
3.5 ☐ **Spiritual** ..... 3.6 ☐ **Cultural** .....……..
3.7 ☐ **Physical screening** .....…… 3.8 ☐ **Physical exam**.....……
(Elsewhere within last year?…….)
3.9 ☐ **Physical investigations** .....

4.0 DEPTH OF PSYCHOTHERAPY
4.1 ☐ **Crisis Therapy** 4.2 ☐ **Supportive** 4.2 i ☐ Short Term 4.2 ii ☐ Long Term

4.3 ☐ **Re-educative**

4.3 i ☐ Client centered & other counselling

4.3 ii ☐ Behavioural: Behaviour ( ), Affect ( ), Sensation ( ) Imagery ( ), Cognition ( ), Interpersonal ( ), Drugs ( ).

4.3 iii ☐ Cognitive

4.3 iv ☐ Interpersonal

4.4 **Reconstructive**

4.4 i ☐ Long Term

4.4 ii ☐ Brief (Bellak)

4.4 iii ☐ Brief (Sifneos)

4.4 iv ☐ Brief (Danvaloo)

4.4 v ☐ Brief (Mann)

4.4 vi ☐ Modified

4.5 ☐ **Graduated depth**

4.6 ☐ **Other** .....

5.0 ADJUNCTS DIRECT

5.1 ☐ **Medication**

5.1 i ☐ Psychotropic ……..

……..

5.1 ii ☐ Other …….

…….

5.2 ☐ **Abreaction**

5.3 ☐ **ECT**

5.4 ☐ **Hypnosis**

5.5 ☐ **Prayer**

5.6 ☐ **Physical Treatment**

5.7 ☐ **Other** .....

ADJUNCTS VIA REFERRAL

5.8 ☐ **Pre-visit referral**

5.8 i ☐ Crisis Intervention (e.g. G.P or Colleague) 5.8 ii. ☐ Initial Medication (e.g. G.P.) 5.8 iii. ☐ Intake Assistance

5.9 ☐ **Physical referral** 5.10 ☐ **Social referral** 5.11 ☐ **Counselling referral**

5.12 ☐ **Church referral**

5.12 i ☐ Spiritual growth groups 5.12 ii ☐ Support groups

5.12 iii ☐ Visitation 5.12 iv ☐ Other wholistic ministries .....

5.13 ☐ **Clergy referral** 5.14 ☐ **Other spiritual direction** 5.15 ☐ **Community support**

5.16 ☐ **Physical and lifestyle development referral** 5.17 ☐ **Recreational development referral**

5.18 ☐ **Enrichment group referral** 5.18 i ☐ Parenting 5.18 ii ☐ Premarital 5.18 iii ☐ Marriage

5.18 iv ☐ Singles 5.18 v ☐ Family 5.18 vi ☐ Age related (youth, mid-life, ageing)

5.18 vii ☐ Cultural

5.19 ☐ **Self-help group referral** 5.20 ☐ **Stress management group referral** 5.21 ☐ **Vocational referral**

5.22 ☐ **Career counseling** 5.23 ☐ **Other** .....

6.0 SPECIAL MODULAR ADJUNCTIVE COUNSELING

6.1 ☐ **Spiritual counseling** 6.2 ☐ **Existential counseling** 6.3 ☐ **Value clarification**

6.4 ☐ **Cultural reorientation** 6.5 ☐ **Retirement counseling** 6.6 ☐ **Illness education & counseling**

6.7 ☐ **Gender related counseling** 6.8 ☐ **Educational counselling**

7.0 EDUCATION CONTENT

7.1 ☐ **Whole person health education** 7.2 ☐ **Family life education** 7.3 ☐ **Personal growth education**

7.4 ☐ **Physical health education** 7.5 ☐ **Religious education**

EDUCATION METHODS

7.6 ☐ **Discussion** 7.7 ☐ **Bibliotherapy** 7.8 ☐ **Videotherapy** 7.9 ☐ **Audio tape therapy**

7.10 ☐ **Enrichment group** 7.11 ☐ **Self help group** 7.12 ☐ **Self help counseling** 7.13 .....

Comments: ……..

A C R O N Y M

**D**epth of Psychotherapy **A**djunct **S**pecial modular adjunctive counselling **E**ducational input **F**ormat **S**etting **I**nvest