

PERSONALITY DISORDERS Producer Name: _____

CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

1. Please note which type of personality disorder has been diagnosed:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Antisocial | <input type="checkbox"/> Narcissistic |
| <input type="checkbox"/> Borderline | <input type="checkbox"/> Histrionic |
| <input type="checkbox"/> Paranoid | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Schizoid | <input type="checkbox"/> Obsessive/Compulsive |
| <input type="checkbox"/> Schizotypal | <input type="checkbox"/> Avoidant |

2. Give date of diagnosis:

3. Is client on any medications? (accurate name, dosage, and reason)

4. If client has been hospitalized for a psychiatric illness, give dates.

5. Does your client have any of the following associated conditions?

	Yes (please give details)	No
<input type="checkbox"/> Substance abuse (alcohol or drugs)	_____	_____
<input type="checkbox"/> Mood disorder (e.g., depression)	_____	_____
<input type="checkbox"/> Suicidal thought/attempt	_____	_____
<input type="checkbox"/> Other psychiatric disorder	_____	_____

6. Does your client have any other major health problems? (additional questionnaires may be request)

Please fax to 612-392-7644 or email to mvp@mvp-solutions.com