

HIGH-RISK BIPOLAR DISORDER VISIT FORM (Physician Rated)

Child's Name (LLLLF)

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Clinician's Name (LLLL)

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Today's Date

		/			/				
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Date of Last Med Visit

		/			/				
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Weight (pounds)

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Refused to be weighed

Height (inches)

		.		
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Sitting Blood Pressure

			/		
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Systolic

Diastolic

Sitting Pulse Rate

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During the past two weeks, criteria was met for (not due to substance or medical condition):

Last 2 wks Since last appt.

Bipolar Symptoms -- Past 2 Weeks (Pick the most symptomatic 7-day period)

MANIC SYMPTOMS -- PAST 2 WEEKS

No Manic Symptoms

FULL: Significant part of the day for at least 4 days

SUB: > 4 hrs in 24 hr period or multiple brief periods throughout the week

Full Sub No

Elevated, expansive mood

Irritability when elevated

Associated with Elevated/ Irritable Mood

Risky, foolish, dangerous behavior done for

pleasurable reasons 1

Flight of ideas or racing thoughts 2

Decreased need for sleep 3

Rapid, pressured speech 4

Distractibility 5

Inflated self-esteem, grandiosity 6

Increased goal-directed activity 7

Motor hyperactivity 7

DEPRESSIVE SYMPTOMS -- PAST 2 WEEKS

No Depressive Symptoms

FULL: Most of the day, nearly every day

SUB: Part of the day at least 3 days out of the week

Full Sub No

Depressed mood 1

Irritability when depressed 1

Anhedonia/decreased interest 2

Associated with Mood/ Anhedonia

Insomnia 3

Hypersomnia 3

Appetite increase 4

Appetite decrease 4

Poor concentration or indecisiveness 5

Worthlessness or guilt 6

Fatigue, decreased energy 7

Psychomotor change with mood/ anhedonia

Agitation 8

Retardation 8

See P. 2 for Recurrent Thoughts of Death/ Suicidality 9

PSYCHOSIS-- PAST 2 WEEKS

No Psychosis

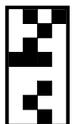
Hallucinations

Delusions

Definite

Probable

No



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Colorado

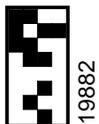
Stanford

Suicidal Ideation
Past 2 Weeks and since last med visit

Please assess suicidal ideation and record most severe ideation level in **past 2 weeks (P2W)** and **most severe level (MSL)** since last visit.

- | <u>P2W</u> | <u>MSL</u> | |
|-------------------------|-------------------------|---|
| <input type="radio"/> 0 | <input type="radio"/> 0 | Nonsuicidal: No passive or active suicidal ideation present during the assessment period. |
| <input type="radio"/> 1 | <input type="radio"/> 1 | Thoughts of Their Death (Wish to be Dead): Subject endorses thoughts about their own death, including any of the following: a wish to be dead, thoughts that life is not worth living or the world would be better off without him/her, wish to fall asleep and not wake-up, thoughts of what it would be like if he/she were to die. |
| <input type="radio"/> 2 | <input type="radio"/> 2 | Vague Active Suicidal Thoughts: Vague thoughts of wanting to kill self ("I want to kill myself") without thoughts of associated methods during the assessment period. |
| <input type="radio"/> 3 | <input type="radio"/> 3 | Active Suicidal Ideation with Associated Thoughts of Method Without Intent: Subject endorses thoughts of suicide and has thought of at least one specific method during the assessment period. This is different than a specific plan with details having been thought of, such as time, place or method. One <i>could</i> use pills, gun, etc. However, subject has absolutely no intent to commit suicide, "I have the thoughts but I definitely will not do anything about them." |
| <input type="radio"/> 4 | <input type="radio"/> 4 | Active Suicidal Ideation with Some Intent to Act on Suicidal Thoughts Without Clear Plan: Active suicidal thoughts of killing oneself with some associated thoughts of methods and subject reports having some intent to act on such thoughts, however, subject does not have details of plan or clear intent to commit suicide. |
| <input type="radio"/> 5 | <input type="radio"/> 5 | Active Suicidal Ideation with Plan and Intent: Thoughts of killing oneself with details of plan considered or partially worked out and subject has some intent to carry it out. |

<u>P2W</u>	<u>MSL</u>	
<input type="text"/>	<input type="text"/>	Number of days since the last occurrence of rated ideation.



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Suicidal Behavior
Past 2 Weeks and since last med visit

Please assess suicidal behavior and record behavior level in **past 2 weeks (P2W)** and **most severe level (MSL)** since last visit.

Do not include self-injurious behavior performed without any suicidal intent.

- | <u>P2W</u> | <u>MSL</u> | |
|-------------------------|-------------------------|---|
| <input type="radio"/> 0 | <input type="radio"/> 0 | Nonsuicidal: No suicidal behavior present during the assessment period. |
| <input type="radio"/> 1 | <input type="radio"/> 1 | Preparatory Acts or Behavior Communicating Ideation: Preparatory acts such as giving things away, writing a will, suicide note or behavior communicating ideation such as writing in a notebook desire to be dead. |
| <input type="radio"/> 2 | <input type="radio"/> 2 | Aborted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by someone or something else. |
| <input type="radio"/> 3 | <input type="radio"/> 3 | Interrupted Attempt: Our definition of an interrupted attempt is when the person is interrupted (by an outside circumstance) from starting the self-injurious act. Here are some examples according to method:

<u>Overdose:</u> Person has pills in hand but is stopped from ingesting. Once they ingest even one pill, this becomes an attempt rather than an interrupted attempt.

<u>Shooting:</u> Person has gun pointed toward themselves, gun is taken away by someone else, or is somehow prevented from pulling the trigger.

<u>Jumping:</u> Person is poised to jump, is grabbed and taken down from ledge.

<u>Hanging:</u> Person has noose around neck but has not yet started to hang - is stopped from doing so. |
| <input type="radio"/> 4 | <input type="radio"/> 4 | Actual Attempt: A self-injurious act committed with at least some intent to die. Intent does not have to be 100%. If there is any intent to die associated with the act, then it can be considered an actual suicide attempt. Sometimes, even if an individual denies intent, we can infer it clinically from the behavior or circumstances. For example, if someone denies the intent to die, but they thought that what they did could be lethal, we often infer intent. |
| <input type="radio"/> 5 | <input type="radio"/> 5 | Multiple Attempts: More than one actual attempt. |

<u>P2W</u>	<u>MSL</u>	
<input type="text"/>	<input type="text"/>	Number of days since the last occurrence of rated behavior.

CURRENT MEDICATIONS: List all medications, including side effect, sleep, nutraceuticals or other adjunctive medications.

Medication:	Current Dosage (mg/ day):	Drug Change no chg= no change d/c=discontinued chg= changed dose new= new	If new or change, target dosage (mg/ day):	Days for titration, (or taper if d/c'd):	Target Symptom or reason for change (if d/c'd, changed or new). (0-9, below):	Compliance 1-5, below
(1) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(6) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(7) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(8) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) <input type="text"/>	<input type="text"/>	<input type="radio"/> no chg <input type="radio"/> d/c <input type="radio"/> chg <input type="radio"/> new	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specify if side effect or other target sx/ reason for change:

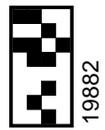
Med Number (from above, left)	<input type="text"/>
<input type="text"/>	<input type="text"/>

Target Sx (Note all that apply and use the following codes):

- 0= Prescribed by other MD
- 1= (Hypo) Manic sx
- 2= Depressive sx
- 3= Aggression/ Agitation
- 4= Psychosis
- 5= ADHD sx
- 6= Anxiety
- 7= Insomnia
- 8= Side Effect
- 9= Other (specify left)

COMPLIANCE SCALE

- (1) Almost never missed (less than 10% of the time)
- (2) Occasionally missed (10-25% of the time)
- (3) Often missed (25-50% of the time)
- (4) Missed most of the time (50-80% of the time)
- (5) Almost always missed (greater than 80% of the time)



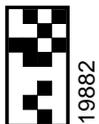
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Directions: Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g., 35, 58, 62). Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular rating.

- 100- 91** Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.) Likeable, confident, "everyday" worries never get out of hand. Doing well in school. No symptoms.
- 90- 81** Good functioning in all areas. Secure in family, school and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasionally "blow-up" with siblings, parents or peers).
- 80- 71** No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, are only minimally disturbing to others and are not considered deviant by those who know them).
- 70- 61** Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior, self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her might well express concern.
- 60-51** Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 50- 41** Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal, and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships.
- 40- 31** Major impairment in functioning in several areas and unable to function in one of those areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance; suicidal attempts with clear lethal intent. Such children are likely to require a special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
- 30- 21** Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in communication (e.g., sometimes incoherent or inappropriate).
- 20-11** Needs considerable supervision to prevent hurting others or self, e.g., frequently violent repeated suicide attempts OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10- 1** Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Last two weeks

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If you have obtained any blood level data, please complete the Blood Level Form