

# Psychopathy Checklist

Patient Name:

Date:

Date of Birth:

Practitioner:

Referring Practitioner (if applicable):

Initial concerns (if any):

Behavior/Trait	Possibly Present	Present	Not Present
Superficial Charm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low frustration tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathological Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parasitic lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor behavior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promiscuous relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of behavior problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of realistic long-term goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

