

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"/> |

