

# Schizophrenia Test

Patient Information			
Name:			
Age:			
Gender:	Male	Female	Other:
Date of Assessment:			
Referring Physician:			
Presenting Concerns			
Medical History			

## Current Symptoms

Positive Symptoms
Auditory hallucinations:
Paranoid delusions:
Negative Symptoms
Social withdrawal:

Apathy or lack of motivation:

### **Cognitive Symptoms**

Disorganized thinking:

Impaired executive function:

### **Other Symptoms**

Change in mood or affect:

Impairment in daily functioning:

### **Diagnostic Criteria**

### **Assessment Tools**

Positive and Negative Syndrome Scale (PANSS):

Brief Psychiatric Rating Scale (BPRS):

### **Observations**

**Differential Diagnosis****Recommendations****Patient Education****Signature**

Date: