

Schizophrenia System Disorder Assessment

Patient Information:

- Name:
- Date of Birth:
- Contact Information:
- Emergency Contact:

Medical History:

- Previous Diagnoses:
- Current Medications:
- Allergies:
- Substance Use:

Symptom Assessment:

- Hallucinations:
- Delusions:
- Disorganized Thinking:
- Negative Symptoms (if applicable):
- Cognitive Impairment:

Severity Scale:

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Functional Assessment:

- Daily Living Skills:
- Occupational Functioning:
- Social Relationships:
- Self-Care Abilities:

Treatment History:

- **Past Therapies:**
- **Medication History:**
- **Response to Treatment:**
- **Adherence to Medication:**

Collaborative Care Plan:

- **Multidisciplinary Team:**
 - Psychiatrist:
 - Psychologist:
 - Social Worker:
 - Care Coordinator:

Goals and Objectives:

- *Short-Term Goals:*
 - Symptom Reduction:
 - Medication Adherence:
 - Daily Functioning Improvement:
- *Long-Term Goals:*
 - Enhanced Quality of Life:
 - Community Integration:

Intervention Strategies:

- **Pharmacological Interventions:**
- **Psychoeducation:**
- **Cognitive Behavioral Therapy:**
- **Supportive Counseling:**

Monitoring and Evaluation:

- **Regular Follow-up Schedule:**
- **Outcome Measurement Tools:**
- **Patient Feedback and Input:**

- **Treatment Plan Adjustments:**

Patient and Family Education:

- **Schizophrenia Education:**

- **Coping Strategies:**

- **Crisis Management:**
- **Support Resources:**

Empowerment and Recovery:

- **Strengths-Based Approach:**

- **Goal Setting with the Patient:**

- **Celebrating Progress:**
- **Encouraging Self-Advocacy:**