

Complete if patient is evaluated.	
The patient meets criteria for:	<input type="radio"/> Psychotic disorder <input type="radio"/> Attenuated psychosis syndrome <input type="radio"/> Unsure
If patient meets criteria for psychotic disorder, provide the date of onset of psychosis (mm/dd/yyyy)*: (*Psychosis is defined as the onset of hallucinations OR delusions that the person experiences as fully real, with no doubt to veracity AND the symptoms occur weekly to daily OR hallucinations/delusions/disorganization that cause behaviors that are dangerous/disorganizing. Estimate date using "mid-point rule" e.g. if onset "July 2016" onset date is July 15, 2016.)	____ / ____ / ____
Self-Reported Ancestry? (Choose one):	<input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Hawaiian or Other Pacific Islander <input type="radio"/> Mixed <input type="radio"/> Other <input type="radio"/> Patient Refused
Hispanic Origin? (Choose one):	<input type="radio"/> Yes <input type="radio"/> No
Primary Language:	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other (please specify: _____)
Highest Level of Mother's Education:	Highest Level of Father's Education:
<input type="radio"/> Did not complete High School <input type="radio"/> GED / High School degree <input type="radio"/> Some Community College / University <input type="radio"/> Community College degree <input type="radio"/> University degree <input type="radio"/> Graduate / Professional School degree <input type="radio"/> Unknown	<input type="radio"/> Did not complete High School <input type="radio"/> GED / High School degree <input type="radio"/> Some Community College / University <input type="radio"/> Community College degree <input type="radio"/> University degree <input type="radio"/> Graduate / Professional School degree <input type="radio"/> Unknown
Date of First Appointment	
Was patient admitted?	<input type="radio"/> Yes <input type="radio"/> No
If not admitted to the program, what was the reason? (May choose multiple reasons.)	<input type="radio"/> Client declined <input type="radio"/> Patient did not meet admission criteria <input type="radio"/> Program full <input type="radio"/> Other (please specify: _____)
If client declined, please specify reason: (May choose multiple reasons.)	<input type="radio"/> Transportation issues <input type="radio"/> Distance or travel time to clinic <input type="radio"/> Program intensity/frequency of visits <input type="radio"/> Financial concerns <input type="radio"/> Other (please specify: _____)
If patient did not meet admission criteria, please specify (May choose multiple): * Appropriate DSM-5 psychosis disorder diagnosis criteria include the following diagnoses: 1) schizophrenia; 2) schizoaffective; 3) schizophreniform; 4) brief psychotic disorder; 5) unspecified schizophrenia spectrum and other psychotic disorder; or 6) bipolar disorder with psychotic feature (where psychosis is prominent feature)	<input type="radio"/> Less than age 15 <input type="radio"/> Greater than age 30 <input type="radio"/> Intellectual disability <input type="radio"/> Duration of psychosis greater than 3 years <input type="radio"/> Did not meet DSM-5 psychotic disorder diagnosis criteria* <input type="radio"/> Other (please specify: _____)

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