

Differential Diagnosis Screening

Patient Name: _____ DOB: _____ Date: _____

GRIEF REACTION SCREENING	YES	NO
1. Did your most recent period of feeling depressed or sad begin after someone close to you died?		
2. If so, did the death occur more than 2 months ago?		
If "NO" to first question, or if "YES" to both questions, treat the patient for depression.		

MANIA SCREENING - rule out Bi Polar Disorder	YES	NO
1. Has there ever been a period of at least four days when you were so happy or excited that you got into trouble, or your family or friends worried about it or a doctor said you were manic?		
A "yes" response indicates potential bipolar disorder. Assess further for mania.		
2. Diagnostic criteria include the concurrent presence of at least 4 of the following symptoms (one of which must be the first symptom listed):		
a. A Distinct Period of Abnormal, Persistently Elevated, Expansive, or Irritable Mood		
b. Less Need for Sleep		
c. Inflated Self-Esteem/Grandiosity		
d. More Talkative than usual (pressured speech)		
e. Distractibility		
f. Increased Goal-Directed Activity or Psychomotor Agitation		
g. Excessive involvement in pleasurable activities without regard for negative consequences (e.g., buying sprees, sexual promiscuity)		

ALCOHOL USE / ABUSE SCREENING (CAGE):	YES	NO
1. Have you ever felt you ought to CUT DOWN on your drinking?		
2. Have people ANNOYED you by criticizing your drinking?		
3. Have you ever felt bad or GUILTY about your drinking?		
• Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE-OPENER)?		
Two or more "yes" responses are positive for possible alcohol abuse.		

<p>Action Taken:</p> <ul style="list-style-type: none"> Screening negative; no further action required Positive Screening; medication prescribed Positive Screening; medication prescribed and referral to staff for Phone Protocol Positive Screening; patient referred to Mental Health Provider <p>Name of MH Provider: _____</p> <p>Comments:</p>
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