

Name: _____ Chart #: _____ Date of Birth: _____

Symptoms, Signs, and Dx:

1. *What is the target problem?*
2. *Do I understand my diagnosis?*
3. *What is Formulation of my illness?*

Lab Test: 1. Routine test for medical conditions 2. Gene Test: When do I check GT?

Basic Things:

1. Light:
2. Breathe
3. Eating
4. Exercise
5. Sleep

Tx Approach for Resilience:

- Mindfulness
- Affective Control (positive emotions vs. negative emotions):
- Cognitive Therapy:
- Interpersonal Therapy:

Making Use of Executive Functions of the Brain:

- Daily Life:
- Spirituality:

Medication Log: Medication Approach:

What can you achieve by medication therapy?
What is the limitation of pharmacotherapy?

Date	Name of Medication	Response to Medication	Benefit & Side Effects

Tx Goal