

**Name:** John Doe

**DOB :**1/1/2000

**Diagnosis:** XXXXXX

### Baseline Presentation

#### Communication:

John communicates using spoken English.

John is skilled at advocating for himself and seeking support for medical or other needs.

John cares about professionalism. He does best when people are transparent and let him know what to expect.

A symptom of John's diagnoses is delusional thinking. In the moment, John is not aware that his thoughts are delusional. When not experiencing an episode, John can reflect on beliefs he had that were delusional and talk about situations he worries might cause delusions.

John has anxiety around medical professionals not believing him when he describes symptoms and not taking him seriously. Active listening and conveying empathy, understanding, and curiosity will likely result in him sharing more useful information and helpful facts.

#### **Dysregulated:**

John will begin speaking quickly, may use the word "intense" to describe things, he might stare intensely, his tongue may swell (leading to slurred or altered speech), express distrust or delusions of providers including medical, dental, and mental health providers.

### Biological Concerns

High Blood Pressure: John takes his blood pressure at home and regularly gets results that indicate hypertensive crisis.

Fainting: John has had episodes of fainting in the community for unknown reasons. John has concerns he will be hurt during a fall.

Allergies: John has severe allergy-like-symptoms with unknown cause. For John this looks like flushing, swelling of the tongue, pressure in the head, and itching. May be related to suspected diagnosis of Mast Cell Activation Syndrome

Alternative Medicine Usage: John enjoys using alternative medicines and treatments from across the world. He researches and purchases these things online. He has had adverse reactions to alternative treatments in the past. He may withhold information about what he has taken.

### Regulation

Calming/Regulations Supports: Non-judgmentally validating John's feelings and concerns around his medical concerns goes a long way in preventing crisis.

Encouraging John to talk to a trusted person, modeling deep breaths, remaining non-judgmental.

Triggers: Feeling overwhelmed, unheard, or not believed. Delusional thoughts about others.

Living Arrangements: John lives independently in an apartment in XXXXX

Contacts: XXXXXX (caregiver): XXX-XXX-XXXX

Behavioral Health Case Manager: XXX-XXX-XXXX

START Crisis Line: XXX-XXX-XXXX



Form Completed By:

Date: