# Personality Disorders

Personality disorders are estimated to occur in approximately 10% of the population. They frequently are associated with other psychiatric illness. There are 10 separate categories of personality disorders:

- Antisocial PD - disregard for violation of rights of others
- Borderline PD - unstable relationships and self-image; impulsive
- Paranoid PD - distrust and suspiciousness
- Schizoid PD - detached; restricted range of emotions
- Schizotypical PD - eccentric; perception distortions, difficulty with relationships
- Narcissistic PD - grandiose; need for admiration
- Histrionic PD - excessively emotional and attention seeking
- Dependent PD - submissive; excess need to be taken care of
- Obsession /Compulsive PD - preoccupation with control, orderliness, perfection
- Avoident PD - social inhibition; overly sensitive

These disorders generally begin in childhood or adolescence and persist through adult life. When the personality trait/behavior is inflexible and causes functional impairment, it is considered to be a Personality Disorder. Schizoid PD and Schizotypical PD (not to be confused with Schizophrenia) have been shown to carry an increased suicide risk.

If your client has a history of Personality Disorders, please answer the following:

**1. Please note which type of personality disorder has been diagnosed:**
Antisocial Narcissistic_____
Borderline Histrionic_____
Paranoid Dependent_____
Schizoid Obsessive/Compulsive_____
Schizotypical Avoident_____

**2. Date of diagnosis:**
_____

**3. Is your client on any medications?**
yes, please give details
_____

**4. Has your client ever been hospitalized for a psychiatric illness?**

yes, please give dates _____

**5. Does your client have any of the following associated conditions?**

(Check all that apply) Yes, please give details No

Substance abuse (alcohol or drugs) _____

Mood disorder (i.e. depression) _____

Suicidal thought/attempt _____

Other psychiatric disorder _____

**6. Has your client smoked cigarettes or any other tobacco products in the last 5 years?**

yes, please give details

_____

**7. Does your client have any other major health problems (ex: cancer, etc.)?**

yes, please give details

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