NIMH-LCM™ Clinician Ratings (RETROSPECTIVE)

Patient Name _____ **Years 19___ - 19___**

PLEASE PRINT

Monthly Medication Dose (if available)

- Other ( )
- Other ( )
- Other ( )
- Thyroid (T3 or T4)
- Benzodiazepine ( )
- Neuroleptic ( )
- MAOI ( )
- Antidepressant II ( )
- Antidepressant I ( )
- Valproate
- Carbamazepine
- Lithium

Dysphoric Mania (✓ if yes)

Mania

SEVERE	Essentially Incapacitated or Hospitalized	SEVERE
MODERATE	Notable Difficulty with Goal-Oriented Activity	MODERATE
MILD	More Energized & Productive With Little or No Functional Impairment	MILD

Months of Year — 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 — Baseline

MILD	Little or No Functional Impairment	MILD
MODERATE	Functioning with Notable Difficulty	MODERATE
SEVERE	Essentially Incapacitated or Hospitalized	SEVERE

Depression

TRACK COMORBID SYMPTOMS HERE _____

Number of Mood Switches Per Month

Cycling Within A Day (✓ if Yes)

19___ 19___ 19___ 19___ 19___

Impact (-4 to +4)

Life Events

(Date)