

ANNEXURE II

PATIENT CASE HISTORY

Case No. Date:

Name:

Age:	Marital Status:
Sex: Male/Female	Occupation:
Language/s:	Nationality:
Religion:	Family:

Educational Qualification/s:

History of Present illness:

Description	Duration	Chronological History:
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Stressors:	Past	Present
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Marital
Parental
Job
Financial
Relatives
Neighbors
Friends
Others

(Information stressors will help in finding out the cause of increase of problems)

Unrealistic Expectations:

(Information regarding will help in removing unrealistic demands during hypnosis)

Lack of (Sense of) – Personal competence	()
Meaningful Activity	()
Stimulation	()
Autonomy	()

Self worth ()
Recognition ()

Emotional Responses

Coping resources: Internal – Denial

Displacement
Regression
Repression
Rationalization
Reaction Formation
Compensation
Projection

External - Social
Financial

Attitudes: Towards self - Lack of self – esteem

Resentment

Guilt

Any other-----

Towards others – Dependency

Submission

Need for affection

Always having to be right

Any other-----

Medical History

Drugs:

Previously taken			At present Taking		
Name	Dosage	Some benefit Yes/No	Name	Dosage	Some Benefit Yes/No

Recruitment Form

Name:

Sex:

Age:

Duration Of Illness:

(When came to know about HIV status)

Medication: Yes/No

If yes, taking medication from how many days?

Have you changed any medicine in between? Yes/No

Discontinued medication in between: Yes/No

If discontinued then, when again started taking medication?

CD4 count, Plasma viral Load tests done in last three months? Yes/No

If yes, then what was the count? CD4 count:

Plasma viral Load:

Comorbidity:

Physical (Diabetes, hypertension etc):

Psychological (Depression, mood disorder etc):

Taking Medicine for that? Yes/No

If yes, then which medicines?

From how long taking medication for these disorders/diseases?