

Register of Observed Psychiatric Conditions

Required to be completed by the sixth-year

It is obligatory to submit this completed form
to your examiner at the final exam

Student's name/practice group:.....

Disease	Tutor's Signature	Date
<i>Acute stress disorder</i>		
<i>Alcohol dependence</i>		
<i>Bipolar affective disorder</i>		
<i>Borderline personality disorder</i>		
<i>Delirium tremens</i>		
<i>Dementia</i>		
<i>Depressive syndrome</i>		
<i>Drug-related disorders</i>		
<i>Other organic mental disorders</i>		
<i>Other personality disorders</i>		
<i>Eating disorder</i>		
<i>Phobias</i>		
<i>Obsessive-compulsive disorder</i>		
<i>Manic disorder</i>		
<i>Panic disorder</i>		
<i>Schizophrenia with negative symptoms</i>		
<i>Schizophrenia with positive symptoms</i>		
<i>Somatoform disorder</i>		
<i>Suicidal exposure</i>		
<i>Other disorders</i>		