Catatonia Planning Sheet

Background Information

Name of Patient:_____ Patient Age:_____
Prefered Pronouns:_____ Address:_____
_____
Patient Phone:_____
Phone Number for Additional Contact:_____
Location of Insurance Information:_____
_____
Location of ID:_____
_____
Emergency Contact Name:_____
Relationship to Patient:_____
Emergency Contact Phone Number:_____

Catatonia Symptoms

Three or more of the following:

1. Catalepsy (ie, passive induction of a posture

held against gravity)

2. Waxy flexibility (ie, slight and even resistance

to positioning by examiner)

3. Stupor (no psychomotor activity; not actively

relating to environment)

4. Agitation, not induced by external stimuli

5. Mutism (ie, no or very little verbal response) 6. Negativism (ie, opposing or not responding to

instructions or external stimuli)

7. Posturing (ie, spontaneous and active

maintenance of a posture against gravity) 8. Mannerisms (ie, odd caricature of normal

actions)

9. Stereotypies (ie, repetitive, abnormally

frequent, non-goal- directed movements) 10. Grimacing

11. Echolalia (ie, mimicking another's speech) 12. Echopraxia (ie, mimicking another's

movements)

(DSM-5 as seen in Walther & Strik, 2016)

Walther, S., & Strik, W. (2016). Catatonia. CNS spectrums, 21(4), 341–348. https://doi.org/10.1017/S1092852916000274

Health Information

Psychiatric Diagnoses:_____

Other Health Conditions:_____

Medications:_____

Allergies:_____
_____
_____

Primary Care Physician:_____
Primary Care Physician Phone Number:_____

Psychiatrist:_____
Psychiatrist Phone Number:_____

Catatonia Action Plan

Catatonia Triggers:_____
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Signs an Episode Is Coming:_____
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How Long To Wait Before Calling Emergency Services:_____

What Hospital To Request:_____
_____

Instructions For During The Episode:_____
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Are There Any Treatments You Do Not Consent To or Specifically Request?:_____
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_____

Patient Name:_____

Patient Signature:_____

Date:_____