

# Catatonia Planning Sheet

## Background Information

Name of Patient: \_\_\_\_\_ Patient Age: \_\_\_\_\_  
Preferred 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs an Episode Is Coming: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Long To Wait Before Calling Emergency Services: \_\_\_\_\_

What Hospital To Request: \_\_\_\_\_  
\_\_\_\_\_

Instructions For During The Episode: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are There Any Treatments You Do Not Consent To or Specifically Request?: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_