

LOG SUMMARY

UW Psychiatry Residency Training Program

Provide Numbers for Section 2 thru 5

NAME **PERIOD: FROM** **TO**

1. List Attendings and Supervisors worked with:

Attendings: _____

Supervisors: _____

Staff Evaluator: _____

2. Age: 0-11 _____ 12-17 _____ 18-34 _____ 35-65 _____ over 65 _____

Gender: Male _____ Female _____

Ethnicity: Caucasian _____ African-American _____ Hispanic _____ Asian _____ Other _____

3a. Mental Retardation _____ Conduct Disorder _____

Attention Deficit Disorder _____

3b. Cognitive Dis _____ Psychotic Dis _____ Mood Dis _____

Substance Rel _____ Adjustment _____ Anxiety Dis _____

Somatoform _____ Dissociative _____ Personality _____

Eating Dis _____ Sleep Dis _____ Sex/Gender Identity _____

Impulse Cont _____ Other _____

4. Length of treatment provided by the resident

Evaluation, consult, Outpatient: less than 3 mo. _____
crisis intervention only _____ 3 – 6 mo. _____

6 – 12 mo. _____

Only during hospitalization _____ more than 12 mo. _____

5. Biological: Psychotherapy:

ECT _____ CBT _____

Anti-Psychotics _____ BAP _____

Anti-depressants _____ Couples _____

Lithium/Anticonvuls _____ Group _____

Anti-Anxiety _____ Supportive _____

Other _____ Other _____

Log Summary Forms are Due Quarterly on March 31, June 30, September 30, and December 31

**Please submit to the Residency Training Office
Box 356560 or Fax (206) 685-8952**