

**LOG SUMMARY**

**UW Psychiatry Residency Training Program**

**Provide Numbers for Section 2 thru 5**

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

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1. List Attendings and Supervisors worked with, and a Staff Evaluator:

Attendings: \_\_\_\_\_

Supervisors: \_\_\_\_\_

**Staff Evaluator:** \_\_\_\_\_

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2. Age: 0-12 \_\_\_\_\_ 13-17 \_\_\_\_\_ 18-34 \_\_\_\_\_ 35-65 \_\_\_\_\_ over 65 \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

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3. Neurodevelopmental \_\_\_\_\_ Schizophrenia/psychosis \_\_\_\_\_ Bipolar and related disorders \_\_\_\_\_  
Depressive disorders \_\_\_\_\_ Anxiety disorders \_\_\_\_\_ OCD and related disorders \_\_\_\_\_  
Trauma-related disorders \_\_\_\_\_ Dissociative disorders \_\_\_\_\_ Somatic symptoms disorders \_\_\_\_\_  
Feeding/eating disorders \_\_\_\_\_ Elimination disorders \_\_\_\_\_ Sleep/wake disorders \_\_\_\_\_  
Sexual dysfunctions \_\_\_\_\_ Gender dysphoria \_\_\_\_\_ Paraphilic disorders \_\_\_\_\_  
Substance-related dis. \_\_\_\_\_ Neurocognitive dis \_\_\_\_\_ Personality disorders \_\_\_\_\_  
Disruptive/impulse control/conduct disorders \_\_\_\_\_

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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.	_____

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5. Medications/biological therapies:

ECT \_\_\_\_\_  
Antipsychotics \_\_\_\_\_  
Antidepressants \_\_\_\_\_  
Mood stabilizers \_\_\_\_\_  
Antianxiety \_\_\_\_\_  
Stimulants \_\_\_\_\_  
Other \_\_\_\_\_

Psychotherapies:

Supportive \_\_\_\_\_  
Psychodynamic \_\_\_\_\_  
CBT \_\_\_\_\_  
Couples \_\_\_\_\_  
Group \_\_\_\_\_  
Other \_\_\_\_\_

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**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**