

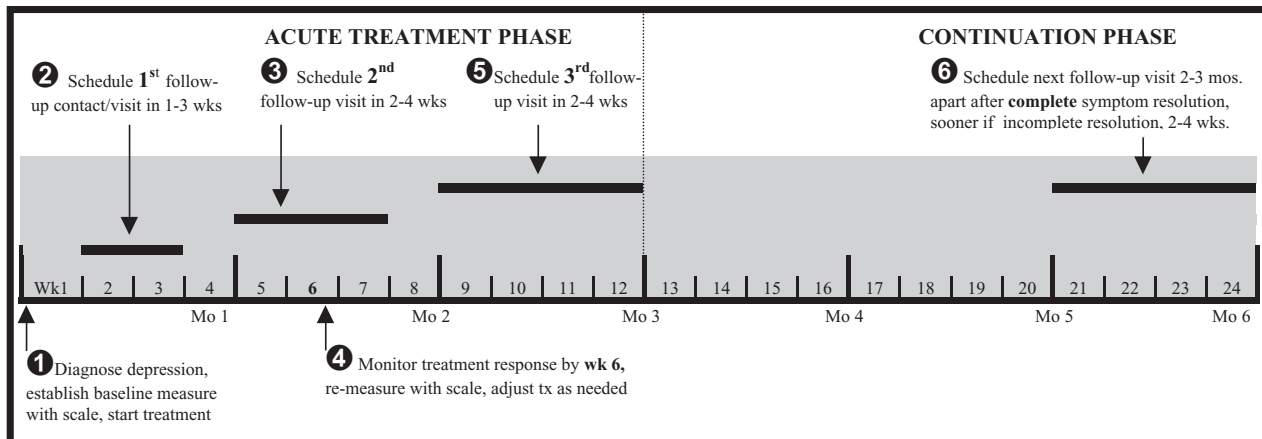
Treatment Tracking Log for Depression for Patient Chart

PATIENT NAME: _____

➤ **Outpatient Psychotherapist:** _____ Phone: _____ Release signed? /date _____
(if applicable)

➤ **Outpatient Psychiatrist:** _____ Phone: _____ Release signed? /date _____
(if applicable)

Date of Visit/ Contact/ (MD Initials)						
Assessment Type V = Office Visit P = Phone						
Treatment Stage A = Acute (marked symptoms) C = Continuation (no symptoms) M = Maintenance (> 9 months) T = Medication taper						
Depression Screen Score (Instrument used: _____) and/or PHQ – 9 two questions:						
In the past two weeks, have you had...?" ___ little interest or pleasure doing things (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
___ feeling down, depressed, hopeless, (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
Follow-up Reminder Call (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
Mental Health Referral? (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
Medication (Y/N) / Medication start date	Y N	Y N	Y N	Y N	Y N	Y N
Medication / Dosage						
Medication Side Effects						
Patient Goals/Notes:						
Notes: <input type="checkbox"/> Other Psychiatric Diagnosis <input type="checkbox"/> Tobacco Use <input type="checkbox"/> ETOH Abuse <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other Chronic Conditions <input type="checkbox"/> Pregnancy <input type="checkbox"/> Violence <input type="checkbox"/> _____						



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"In the past two weeks, have you had..." __ little interest or pleasure doing things (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
__ feeling down, depressed, hopeless, (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
Follow-up Reminder Call (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
Mental Health Referral? (Y/N)	Y N	Y N	Y N	Y N	Y N	Y N
Medication (Y/N) / Medication start date	Y N	Y N	Y N	Y N	Y N	Y N
Medication / Dosage						
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Patient Goals/Notes:

- Notes: Other Psychiatric Diagnosis Tobacco Use ETOH Abuse Substance Abuse
 Other Chronic Conditions Pregnancy Violence _____

