

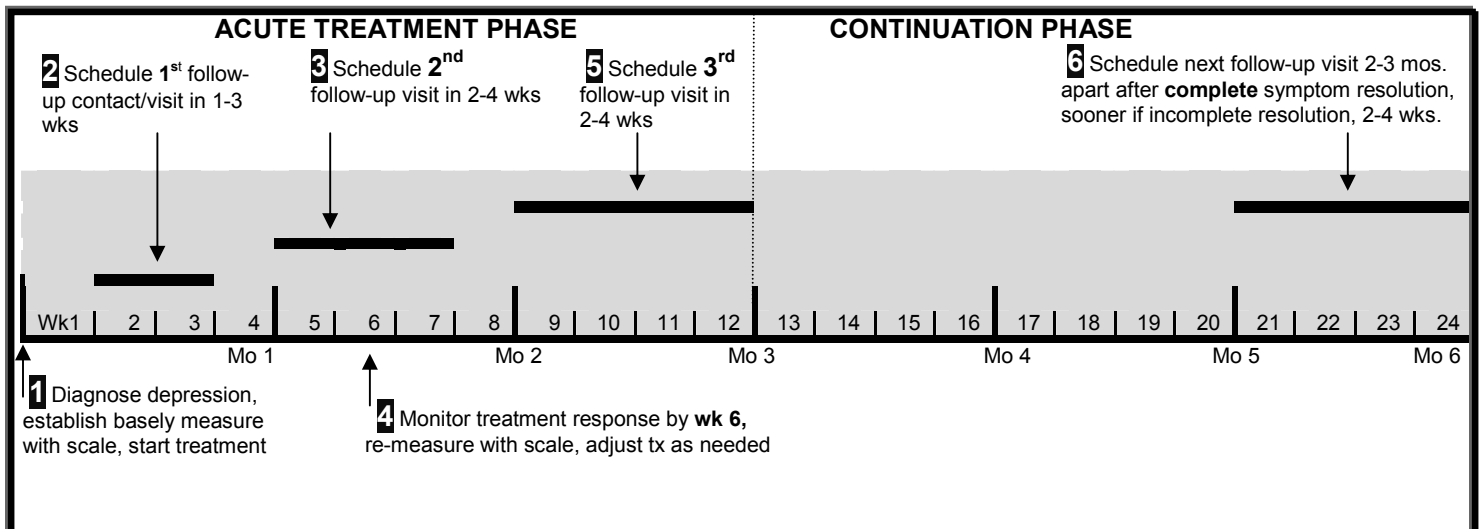


Treatment Tracking Log for Depression For Patient Chart

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 month, 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"/> Preanancv	<input type="checkbox"/> Violence	<input type="checkbox"/> _____			



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Guideline Collaborative)
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