INITIAL ASSESSMENT

Patient ID _____ **Date:** _____ **In-person** or **Phone**

Depression Symptoms: (Check all that apply and circle the symptom that bothers the patient most.)

Major Depression (DSM-V 5/9 symptoms for more than 2 weeks)
❑ Loss of interest or pleasure *
❑ Depressed Mood *
❑ Sleep disturbance (sleeps _____ hrs/night)
❑ Fatigue / loss of energy
❑ Appetite / weight change (_____ lbs)
❑ Worthless / Guilty
❑ Diminished ability to think or concentrate
❑ Physical agitation or slowness
❑ Thoughts of death or suicide

PHQ-9 Score: ____ / 27

Other Symptoms or Concerns:

- ❑ Anxiety
- ❑ Panic
- ❑ History of abuse
- ❑ Perceives things not apparent to others
- ❑ Experiences periods of over excitement or hypomania
- ❑ PTSD
- ❑ Eating Disorder
- ❑ Drinks – approx. _____drinks per day / week / month
- ❑ Illicit Drug Use (_____) per day / week / month

Other Indicators of Depression Severity:

Patient last felt good: _____ days / weeks / months / years ago

Activities affected: ❑ social ❑ personal ❑ family ❑ work

Family History of depression: _____

In the last month: # of restricted days _____ # of bed days _____

History of suicide attempts: _____

Current Medical Problems:

Continued

Current Medications:

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.

Allergies:

Two Questions Patient has for OB-GYN Provider:

1. _____
2. _____

Stressors (psychological, physical/health, social, financial, other):

Strengths and Resources:

Pleasant Activities:

Continued

Depression Treatment History:

- ❑ None
- ❑ Antidepressants: Which ones: _____
  - ❑ Helpful ❑ Not helpful (because: _____)
- ❑ Psychotherapy: What types: _____
  - ❑ Helpful ❑ Not helpful (because: _____)
- ❑ Electro-Convulsive Therapy: _____
- ❑ Hospitalizations: _____

Treatment Patient Now Interested in:

- ❑ No treatment
- ❑ Psychotherapy (Problem Solving Treatment)
- ❑ Antidepressants
  - Pertinent history: ❑ seizures ❑ hypertension
  - Family history with antidepressants: _____
  - Antidepressant preferences: _____

Last TSH: _____ µU/ml Date: _____

Provisional Diagnostic Impression:

❑ Major Depression ❑ Minor Depression ❑ Dysthymia

❑ Other _____