

PATIENT TRACKING CHART



Name _____ Age: _____ Hospital ID #: _____ Provider: _____ Phone #s: _____ Alternate Contacts: _____	Chronic Conditions (medical, psychiatric and relevant past surgeries)
Medication Information (name, dose, how long)	Psychosocial (support, stressors, housing, finances, spiritual, marital status, education)

PHQ-9 Responses in past 2 wks:	Not at all = 0		Several days = 1		More than half the days = 2		Nearly every day = 3												
Session #	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Date of Visit																			
1. Loss of interest/pleasure																			
2. Feeling down/blue/hopeless																			
3. Sleep disturbance ↑ ↓																			
4. Tired/loss of energy																			
5. Appetite/weight change ↑ ↓																			
6. Feeling bad about self																			
7. Trouble concentrating																			
8. Fidgety or moving Slowly																			
9. Thoughts of death/suicide																			
PHQ-9 Total Score																			

Other Symptoms: panic (P), anxiety (A), ETOH (E), drugs (D), mania (M), auditory or visual hallucinations (AH or VH)																			
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Continued



Visit Information	Behavioral Activation tasks/goals	PST-PC Area of focus	Medication / Changes	Stressors, Strengths, Other Symptoms
Date _____ Session # _____ In-person Phone PHQ-9 Score ____/27 Next Visit: date / time _____ _____	Pleasant Activity: Completed: <input type="checkbox"/> Y <input type="checkbox"/> N Barriers:	Current PST: <input type="checkbox"/> Y <input type="checkbox"/> N PST Focus: Impl'd solution: <input type="checkbox"/> Y <input type="checkbox"/> N Barriers:	Current meds: <input type="checkbox"/> Y <input type="checkbox"/> N Name / Dose / Adherent /Side Effects: Med Changes:	
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