

◆ PATIENT NAME		◆ HEALTH # (E.G., BC PHN)		◆ DATE OF VISIT (DD-MMM-YYYY)	
◆ BIRTHDATE (DD-MMM-YYYY)	◆ GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	◆ PHONE (INCLUDE AREA CODE)		CHART NUMBER	
PRACTICE TEAM ID		◆ PROVIDER ID (MSP PRACTITIONER NUMBER / NAME)			
<b>CO-MORBID CONDITIONS</b>		<b>MEDICAL:</b>			
<b>PSYCHIATRIC:</b>					
<input type="checkbox"/> ALCOHOL OVERUSE <input type="checkbox"/> PERSONALITY DISORDER <input type="checkbox"/> ANXIETY <input type="checkbox"/> SUBSTANCE ABUSE <input type="checkbox"/> BIPOLAR <input type="checkbox"/> PAST SUICIDE ATTEMPT		<input type="checkbox"/> ARTHRITIS <input type="checkbox"/> DIABETES <input type="checkbox"/> NEUROLOGICAL DISORDER <input type="checkbox"/> SMOKING <input type="checkbox"/> ASTHMA <input type="checkbox"/> HEPATITIS C <input type="checkbox"/> OBESITY <input type="checkbox"/> STROKE - CVD <input type="checkbox"/> CHF <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> OTHER ENDOCRINE DISORDER <input type="checkbox"/> OTHER <input type="checkbox"/> CHRONIC PAIN <input type="checkbox"/> KIDNEY DISEASE <input type="checkbox"/> OTHER HEART DISORDER <input type="checkbox"/> COPD <input type="checkbox"/> LIVER DISEASE <input type="checkbox"/> RESPIRATORY DISORDER			
◆ <b>DIAGNOSIS</b>					DATE OF DIAGNOSIS (DD-MMM-YYYY)
<input type="checkbox"/> FIRST EPISODE <input type="checkbox"/> RECURRENT EPISODE <input type="checkbox"/> CHRONIC EPISODE <input type="checkbox"/> OTHER					

**PATIENT ENCOUNTERS, DIAGNOSTIC/CLINICAL DATA, BY DATE REVIEW**      ◆ = MANDATORY / BASELINE FIELDS      ✓ = RECALL

		MOST RECENT DATA			NEW DATA	
<b>STATUS</b>	◆ DISEASE PHASE **see definitions below				<input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC <input type="checkbox"/> MAINTENANCE	
	EMPLOYMENT STATUS				<input type="checkbox"/> EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> RETIRED	
<b>ASSESSMENT</b>	◆ PHQ-9 0-4 Not depressed < 5 Remission 5-14 Mild MDD 15-19 Moderate MDD 20-27 Severe MDD	<b>Question 1</b> Total Score from 1a to 1i  <b>Question 2</b> Quality of Life rating  <b>Remission</b> (Goal = PHQ-9 Q1 <5)				ENTER SCORE  <input type="checkbox"/> NOT DIFFICULT <input type="checkbox"/> SOMEWHAT DIFFICULT <input type="checkbox"/> VERY DIFFICULT <input type="checkbox"/> EXTREMELY DIFFICULT  <input type="checkbox"/> IN REMISSION
	◆ SUICIDE RISK Assess at diagnosis and follow-up	<b>Assessed</b>  <b>Mgmt Plan Documented</b> Any PHQ-9 Q11 score >0				<input type="checkbox"/> COMPLETED  <input type="checkbox"/> YES <input type="checkbox"/> N / A <input type="checkbox"/> NO
	◆ PSYCHO-EDUCATION Pt offered info on depression and treatment options					<input type="checkbox"/> REVIEWED
	◆ SELF MANAGEMENT: Pt goals established and documented					<input type="checkbox"/> COMPLETED
<b>THERAPY</b>	◆ ANTI-DEPRESSANTS	<b>Medication</b>  <b>Side Effects Monitored and/or Tapering Plan</b>				<input type="checkbox"/> YES <input type="checkbox"/> TRIED OR NOT SUITABLE <input type="checkbox"/> NO
						<input type="checkbox"/> REVIEWED
<b>REFERRAL</b>	REQUEST					<input type="checkbox"/> PSYCHOTHERAPY <input type="checkbox"/> PSYCHIATRY
	STATUS					<input type="checkbox"/> WAITLIST <input type="checkbox"/> COMPLETE <input type="checkbox"/> ONGOING <input type="checkbox"/> NO ACCESS
<b>FOLLOW-UP</b>	◆ PLANNED FOLLOW-UP					<input type="checkbox"/> WEEKLY <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> >= 6 MONTHS <input type="checkbox"/> MONTHLY
	RISK FACTORS FOR RELAPSE					<input type="checkbox"/> YES (CONT.MEDS 2YRS) <input type="checkbox"/> NO (CONT.MEDS 6 MOS.)
	ER VISIT OR HOSPITALIZATION SINCE LAST VISIT					<input type="checkbox"/> YES

**Inclusion/Exclusion Criteria:**  
 Diagnosis of Major Depressive Disorder (MDD) or Other Depressive Disorder takes into account PHQ-9 results and other relevant clinical information from the patient. Diagnosis requires impairment of social, occupational or other important areas of functioning, and ruling out normal bereavement, a history of a manic episode (Bipolar disorder) or a physical disorder, medication or other drug as the biological cause of the depressive symptoms.

**\*\*Definitions:**  
**Acute:** Any patient with MDD for <2years, who has not yet achieved full remission of symptoms.  
**Maintenance:** Any patient who has achieved remission of symptoms and is being followed at regular intervals.  
**Chronic:** Any patient with MDD for >2years, not in remission.

**COMMENTS**