

◆ 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)		
CO-MORBID CONDITIONS		MEDICAL:			
PSYCHIATRIC:					
<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			
◆ DIAGNOSIS					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	
STATUS	◆ DISEASE PHASE **see definitions below				<input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	
	EMPLOYMENT STATUS				<input type="checkbox"/> MAINTENANCE	
ASSESSMENT	◆ PHQ-9 0-4 Not depressed < 5 Remission 5-14 Mild MDD 15-19 Moderate MDD 20-27 Severe MDD	Question 1 <i>Total Score from 1a to 1i</i>				ENTER SCORE
		Question 2 <i>Quality of Life rating</i>				<input type="checkbox"/> NOT DIFFICULT <input type="checkbox"/> SOMEWHAT DIFFICULT <input type="checkbox"/> VERY DIFFICULT <input type="checkbox"/> EXTREMELY DIFFICULT
		Remission <i>(Goal = PHQ-9 Q1 <5)</i>				<input type="checkbox"/> IN REMISSION
	◆ SUICIDE RISK Assess at diagnosis and follow-up	Assessed				<input type="checkbox"/> COMPLETED
	Mgmt Plan Documented <i>Any PHQ-9 Q11 score >0</i>				<input type="checkbox"/> YES <input type="checkbox"/> N / A <input type="checkbox"/> NO	
THERAPY	◆ 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	
	◆ ANTI-DEPRESSANTS	Medication				<input type="checkbox"/> YES <input type="checkbox"/> TRIED OR <input type="checkbox"/> NO NOT SUITABLE
	Side Effects Monitored and/or Tapering Plan				<input type="checkbox"/> REVIEWED	
REFERRAL	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	
FOLLOW-UP	◆ 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