Depression Evaluation: Initial Visit

Name _____

Date: _____

Age: _____

PHQ-9

Anhedonia	___
Dysphoria	___
Insomnia	___
Tired	___
Appetite	___
Failure	___
Concentration	___
Slow/restless	___
Death	___
Score	___
Difficulty	___

Past Med Hx

check positives

CAD	☐
Thyroid	☐
CVA	☐
Parkinson's	☐
Alcoholism	☐
Depression	☐
Suicide	☐
Drug	☐
Cancer	☐
Sensory	☐
Pain	☐
Dementia	☐
Anxiety	☐
Psych	☐
Manic	☐
Diabetes	☐

Fam Hx ___

Dementia	☐
Parkinson's	☐
Depression	☐
Stroke	☐
CAD	☐
Diabetes	☐
Mental illness	☐
Suicide	☐

Story of the Illness

Current Medical History

Psychiatric History

Medications

Positives (FHx, occup., habits, function)

ROS

circle positives

Nerves
Headache
Pain
Sex
Tired
Health
Sleep
Weight
Memory
Digestive
Constipation
Bereaved
Move
Abuse
Job loss
Pet

Education

_____ /yrs.

Employment

CAGE Questionnaire

circle positives

Cut down
Annoyed
Guilt
Eye opener

Health Habits:

Tobacco

_____ /pk-yrs.

Alcohol

_____ /day

Vital Signs BP ____ P__ T__ Wt.___lb Ht.__in

Eyes	☐	nl conjunctiva & lids
Pupils	☐	pupils symmetrical, reactive
Fundus	☐	nl discs & pos elements
ENT-External	☐	no scars, lesions, masses
Otoscopic	☐	nl canals & tympanic membranes
Hearing	☐	nl to _____
Intranasal	☐	nl mucosa, septum, turbinate
Ant. Oral	☐	nl lips, teeth, gums
Oropharynx	☐	nl tongue, palate, pharynx
Neck palp.	☐	symmetrical without masses
Thyroid	☐	no enlargement or tenderness
Resp. effort	☐	nl without retractions
Chest percuss.	☐	no dullness or hyperresonance
Chest palp.	☐	no fremitus
Auscultation	☐	nl bilateral breath sounds w/o rales
Heart palp.	☐	nl location, size
Cardiac ausc.	☐	no murmur, gallop, or rub
Carotids	☐	nl intensity w/o bruit
Pedal pulses	☐	nl posterior tibial & dorsalis pedis
Breasts	☐	nl inspection & palpation
Abdomen	☐	no masses or tenderness
L/S	☐	no liver/spleen
Hernia	☐	no hernia identified
Anus/rectal	☐	no abnormality or masses
GU male	☐	nl to inspection & palpation
Prostate	☐	nl size w/o nodularity
GU female	☐	external genitalia nl w/o lesions
Int. inspection	☐	nl bladder, urethra, & vagina
Cervix	☐	nl appearance w/o discharge
Uterus	☐	nl size, position, w/o tenderness
Adnexa	☐	no masses or tenderness
Lymphatic	☐	nl neck & axillae
Lymph other	☐	

MS Gait	☐	nl gait & station
Nails	☐	no clubbing, cyanosis

Check nl, circ abn	ROM	Strength	Tone	Abnormals
	☐	☐	☐	☐

Skin	☐	nl to inspection & palpation
Neurologic	☐	nl alertness, attentive
Cranial nerves	☐	w/o gross deficit
Coordination	☐	nl rapid alternating movement
DTR's	☐	symmetrical, __ (scale: 0-4+)
Sensation	☐	nl touch, proprioception

MMSE

Psych Orient'n	☐	nl to day, mo, yr, time, location	__/10
Registration	☐	register 3 items	___/3
Attn/Calc	☐	serial subtraction, world bckwd	___/5
Recall	☐	recall 3 items	___/3
Language	☐	nl nam'g, repit'n,compr'n, read'g, rit'g	___/8
Visuospatial	☐	copy design, clock	___/1
Knowledge	☐	current/past presidents	totals ___/30
Mood	☐	nl GDS	GDS Score ___/15

GDS (*circle positives*)

Satisfied	Afraid	Wonderful
Dropped	Happy	Worthless
Empty	Helpless	Energy
Bored	Stay home	Hopeless
Spirits	Memory	Others better

Better off dead?

Considered harming yourself**?**

Speech	☐	nl rate, volume
Thought cont.	☐	logical, coherent
Psychosis	☐	no hallucinations, delusions
Judgement	☐	nl
Behavior	☐	cooperative, appropriate

Additional Description of positive findings:

Diagnostic Assessment

Recommendations

Educational Materials

- ☐ Depression
- ☐ How Do I Know If I'm Depressed?
- ☐ Evaluation of Depression
- ☐ Treatment of Depression
- ☐ Drug Treatment of Depression
- ☐ Mental Health Specialists
- ☐ Taking Care of Yourself
- ☐ What If I Don't Feel Better?