

Patient Record Form

This form is to be used to report data collected on patient depression assessment and screening for patients 12-25 years old seen for health supervision visits during

[event-label]

For up to 10 patients seen during this collection period, you will report on patient demographics (age, sex), whether the patient was assessed or screened for depression, whether the patient was positive for depression, and the depression follow-up plans of care for the patient (if applicable).

Practice Name: [participating_prac_arm_1][practice_name]

Patient : [current-instance]

[participating_prac_arm1][record_id]

Patient Demographics

Patient Age at Health Supervision Visit:

Patient Sex:

- Male
 - Female
 - Undetermined
 - Unknown
- (Patient biological sex assigned at birth.
Undetermined may refer to patients in transition.)

Does the patient's gender identity match the sex they were assigned at birth?

- Yes
- No
- Unknown

Patient Visit Summary

Was the patient assessed for depression at this visit?

- Yes
- No

Was the patient screened for depression using a validated tool at this visit?

- Yes
- No

What tool(s) were used to screen the patient for depression? (check all that apply)

- PHQ-2 (Patient Health Questionnaire-2)
 PHQ-9 (Patient Health Questionnaire-9)
 PHQ-A (Patient Health Questionnaire-Adolescent)
 PSC-35 (Pediatric Symptom Checklist-35)
 PSC-17 (Pediatric Symptom Checklist-17)
 CBCL (Child Behavior Checklist)
 CDI-2 (Children's Depression Inventory-2)
 CDS (Columbia Depression Scale)
 MQF (Mood and Feelings Questionnaire)
 BDI-II (Beck Depression Inventory-II)
 PROMIS Pediatric Short Form Depressive Symptoms (Patient-Reported Outcomes Measurement Information System- Pediatric Short Form Depressive Symptoms)
 Other

Please list the valid tool(s) used if not names above:

How was the patient informally assessed for depression?

Was the result of the assessment or screen positive for depression?

- Yes
 No

Does the patient have a known diagnosis of depression for which an intervention or treatment plan is already in place?

- Yes
 No

Was the patient assessed or screened for suicide risk at this visit?

- Yes
 No

What is the depression plan of care for this patient? (check all that apply)

- Follow-up appointment in office (primary care clinician or other professional)
 In-office counseling (primary care clinician or other professional)
 Mindfulness activity
 Prescribed medication for depression
 Referral
 Crisis center/911/Emergency Department
 Patient declined services
 No plan documented

To whom was the patient referred?

- Psychologist
 Psychiatrist
 Social Worker
 School Counselor
 Substance Use professional (e.g. Licensed Alcohol Drug Abuse Counselor)
 Other

If other, where or to whom was the patient referred?

Who conducts the in-office follow-up appointments?

- Primary care clinician
 Social worker
 Psychologist
 Psychiatrist
 Other

If other, who conducts the in-office follow-up appointments? _____

Who conducts the in-office counseling?

- Primary care clinician
- Social worker
- Psychologist
- Psychiatrist
- Other

If other, who conducts the in-office counseling? _____

What recommendations were made to the patient to improve mood? (check all that apply)

- Spend 30-60 minutes outdoors daily
- Get plenty of sleep (7-10 hours a night)
- Connect with someone (friend, teacher, coach, spiritual leader, counselor)
- Eat wisely (protein-rich foods, omega-3 fatty acids, vegetable, fruit, whole grains)
- Focus on the positive (journal 3-5 things each day you are grateful for)
- Exercise 30 minutes a day
- Practice kindness (volunteer, say "thank you", hold the door open)
- Turn off the TV (limit screen time to less than 2 hours a day)
- Address stress (yoga, meditation, time in nature)
- Doctor recommended supplements
- Other
- No other recommendations were made

Please list additional recommendations made. _____

This entry is patient [current-instance].

- Yes
- No

Is this the last patient you have to enter for [event-label]?

Please remember that the goal is to review the records of 10 patients aged 12-25 who have had a health supervision visit at your practice during the review month.

If this is your last patient, please click the "Submit" button below.

You will be redirected to the end of the data collection forms for this month.

To enter more patients, click on the "Enter Another Patient Record" button below.

You will then be able to add the next patient record.