

# 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 during

[event-label]

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

It is important that the charts selected adhere to the sampling strategy outlined in the Data Handbook. Be sure to generate a list of all eligible patients when following the selection strategy.

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Practice Name: [participating\_prac\_arm\_1][practice\_name] Patient : [current-instance]

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Age

(in years)

\_\_\_\_\_

Sex \_\_\_\_\_ Does the patient's gender match the sex they were assigned at birth? \_\_\_\_\_

Race

(check all that apply)

\_\_\_\_\_

Ethnicity

\_\_\_\_\_

## Visit

Visit Type \_\_\_\_\_

Visit Modality \_\_\_\_\_

## Patient Visit Summary

Does the patient have a known diagnosis of depression or bipolar disorder before 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? (select all that apply)

- PHQ (Patient Health Questionnaire)  
 PSC (Pediatric Symptom Checklist)  
 BDI (Beck Depression Inventory)  
 CDS (Columbia Depression Survey)  
 YSR (Youth Self-Report)  
 Other

Please list the other valid tool(s) used to screen the patient for depression.

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Was the result of the depression screen positive for depression?

- Yes  
 No  
 Not documented

What is the depression plan of care for this patient? (Select all that apply)  
 For example, if the patient is prescribed medication and a follow-up visit for a med check is part of the plan of care, please check "Follow-up appointment in office" and "Prescribed medication for depression"

- 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  
 Other plan  
 There is no documented depression plan of care for this patient

What other depression care plan(s) are in place for this patient

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#### Depression In-Office Follow-Up Care

Who conducts the in-office follow-up appointments? (Select all that apply)

- Primary care clinician  
 Social worker  
 Psychologist  
 Psychiatrist  
 Other  
 Not documented

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

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Who conducts the in-office counseling? (Select all that apply)

- Primary care clinician  
 Social worker  
 Psychologist  
 Psychiatrist  
 Other  
 Not documented

If other, who conducts the in-office counseling?

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Does the patient have their in-office follow-up appointment scheduled?

- Yes  
 No

(Note: The in-office follow-up appointment should be specific to the patient's care plan (e.g., follow-up for med check, an in-office counseling visit, or other follow-up related to positive depression screen)

Did the practice reach out to the patient to schedule in-office follow-up care?

- Yes  
 No

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Has the patient received in-office follow-up care according to care plan?

- Yes  
 No, but is scheduled for a future date  
 No, patient did not show up for appointment  
 No, patient declined in-office follow-up care  
 No, patient sought care from an other, non-referred outside provider  
 Unknown
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#### Patient Referral

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To whom was the patient referred? (Select all that apply)

- Psychologist  
 Psychiatrist  
 Social Worker  
 School Counselor  
 Substance Use professional (e.g. Licensed Alcohol Drug Abuse Counselor)  
 Other  
 Not documented
- 

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

\_\_\_\_\_

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Did the practice contact the patient to confirm the patient made an appointment with the referred provider?

- Yes  
 No
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Did the patient have an appointment with the referred provider?

- Yes  
 No, but it is scheduled for a future date  
 No, patient did not show for appointment  
 No, patient declined referral care  
 No, patient sought care from an other, non-referred outside provider  
 Unknown
- 

#### Suicide Screening

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

- Yes  
 No

Questions about suicide plans/thoughts/intentions may be part of depression screening tools and/or may be part of other screening tools. If asked as part of a depression screening tool or another screening tool, select "Yes".

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#### Emotional Well-being

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Were recommendations made to promote emotional well-being of the patient?

- Yes  
 No

For example, optimal sleep, healthy eating, physical activity, addressing stress (yoga, meditation, time in nature), limiting screen time, etc.

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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 ages 12-25 each month. (See the Data Handbook for additional details on sample selection.)

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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.

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

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