

DEPRESSION

1. List the diagnosis: _____

2. Please indicate:

The number of episodes: _____

Date of last episode: _____

3. Is client on any medications:

no

yes, name and dosage _____

4. Has client been hospitalized for psychiatric treatment?

Give dates and lengths of stay.

5. Does client have a history of any of the following associated conditions?
(check all that apply)

personality disorder

psychotic disorder

suicidal thought/attempt

substance abuse (alcohol or drugs)

Other psychiatric disorder _____

6. Is the client currently working? (occupation)

7. Has any time been lost from work as a result of condition?

(give details)

8. Does client have any other major health issues?